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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF WELFARE



REPORT OF THE COMMITTEE

Appointed by

HONORABLE EDWARD MARTIN

to

MAKE A COMPLETE STUDY

of the

MENTAL HOSPITALS

of the

COMMONWEALTH OF PENNSYLVANIA

•

July, 1944

HOWARD K. PETRY, M. D.,
Chairman

CHAS. A. ZELLER, M. D.

GROSVENOR B. PEARSON, M. D.

CHARLES R. REYNOLDS, M. D.,

Major General, U. S. A., Retired

WILLIAM C. SANDY, M. D.

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF WELFARE
HARRISBURG STATE HOSPITAL
HARRISBURG, PENNSYLVANIA

July 7, 1944.

MISS S. M. R. O'HARA,
Secretary of Welfare,
Education Building,
Harrisburg, Pennsylvania.

DEAR MISS O'HARA:

We are submitting to you, herewith, a preliminary report of the findings of the Board appointed by the Governor in April of this year.

It is obvious that in the brief space of time available to us, it was impossible to make an exhaustive study of a system containing 23 institutions, and caring for over 40,000 wards of the State.

Our report, for the sake of brevity, has been limited to a discussion of matters which we felt could be improved, and we have not called attention to the vast number of things which are being splendidly done in our State Institutions.

The Board wishes in particular to recognize with high praise the conscientious work which is being done by a large number of State employees in the Welfare Institutions under an extremely difficult situation. Overcrowding, shortage of personnel, difficulty in obtaining supplies, and wage levels considerably below those offered for similar efforts in private industry, have all tended to make the work in these institutions unattractive. In spite of this, many loyal employees, faithful to a trust, are carrying on and trying to maintain standards of service. These individuals deserve the highest consideration and commendation from the Department of Welfare, and from the taxpayers of the Commonwealth.

We wish to acknowledge the splendid consideration which we have received from the Department, and all of the State employees in this survey. It has been a pleasure to each of us to work on this Board, and we will be at your command for further service.

Most sincerely yours,

H. K. PETRY, M. D., *Chairman,*
Governor's Board for Study of Pennsylvania Mental Hospitals.

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FOREWORD

By a letter of April 5, 1944, the Hon. Edward Martin, Governor of Pennsylvania, announced the creation of a Board "to make a complete study of the mental and criminally insane hospitals of Pennsylvania."

As members of this Board, he designated:

Doctor Howard K. Petry, Superintendent, Harrisburg State Hospital, *Chairman*.

Doctor Charles A. Zeller, Superintendent, Philadelphia State Hospital.

Doctor Grosvenor B. Pearson, Director, Western State Psychiatric Hospital.

Major General Charles R. Reynolds, Department of Health.

Doctor William C. Sandy, Director, Bureau of Mental Health, Department of Welfare.

In this communication he further defined the scope of the survey as follows:

"This study will be complete on all the Pennsylvania welfare institutions used for these purposes.

"The report will recommend a rounded out mental hospital plan for Pennsylvania." This will include elimination, consolidation and expansion of existing institutions and the designation of certain institutions for special work. The report was to be presented by July 1, 1944.

At its first meeting on April 13, 1944, the Board realized the impossibility of adequately covering the entire field in the brief time available and therefore determined to confine its major study to the problem of the physical adequacy of existent institutions for the mentally ill, mentally defective, and epileptic; and the desirability of their retention as part of the State welfare institutional system.

Fundamental to this study is a consideration of the districts to be served by the various hospitals, their immediate and future population, and therefore the potential patient load of the institutions. The purpose of this study is to determine the future status of certain smaller units in the state system and the development of a long-range program, looking to the provision by the Commonwealth of adequate facilities, properly distributed so that any citizen may conveniently receive adequate treatment for a mental disorder.

No detailed critical survey of present operating standards is attempted. The serious handicap under which every institution was found to be operating (shortages in personnel, approaching fifty per cent in several institutions, and supply difficulties) force a realization that many present practices represent emergency procedures rather than custom or policy.

The Board prepared a comprehensive survey questionnaire which was forwarded to the superintendents or administrative heads of the following institutions, at present under state control:

Allentown State Hospital	Torrance State Hospital
Clarks Summit State Hospital	Warren State Hospital
Danville State Hospital	Wernersville State Hospital
Embreeville State Hospital	Western State Psychiatric Hos- pital
Farview State Hospital	Woodville State Hospital
Harrisburg State Hospital	Ransom Mental Hospital
Hollidaysburg State Hospital	Laurelton State Village
Mayview State Hospital	Pennhurst State School
Norristown State Hospital	Polk State School
Philadelphia State Hospital	Selinsgrove State Colony
Retreat State Hospital	
Somerset State Hospital	

In addition to completing this questionnaire, each institutional head was requested to place before the committee a carefully considered plan for the development and expansion of his institution and for the elimination of fire and health hazards.

The Board visited each institution, discussed the questionnaire with the superintendent, surveyed the activities of the hospital and the property. In conference with the superintendent and frequently with members of the Board of Trustees, the adequacy of the present facilities was considered and the desirable future policies and expansion of the institution were weighed. Institutional needs were classified as urgent and more remote. The goal of the Board was at all times, the development of institutions capable of economic and satisfactory operation, meeting the needs of the patient and the general public. Of the time allotted, six weeks were spent in making the institutional inspections.

In order that findings and recommendations may be quickly grasped, and yet that the factual data dictating these conclusions may be available, the report is presented as a series of statements and conclusions, and supporting data will be found in the appendices.

In further preparation of this report the Board sought expression of opinions from the following organizations:

Pennsylvania Medical Society
Pennsylvania Psychiatric Association
Public Charities Association of Pennsylvania
Pennsylvania Economy League
National Committee for Mental Hygiene
Pennsylvania State Planning Board
Federation of Social Agencies of Pittsburgh and Allegheny
County.

To these various agencies the Board wishes to acknowledge indebtedness for their helpful suggestions. The Board wishes further to acknowledge the full cooperation of the Secretary of Welfare of the Commonwealth of Pennsylvania, Hon. S. M. R. O'Hara, and the various employees of the Welfare Department, who have placed at the Board's disposal, a great deal of material from departmental studies. The superintendents and administrative staffs of the various institutions gave the Board every assistance and submitted all requested data. The Board wishes to acknowledge its indebtedness to Mrs. Ingrid Mumma for her tireless and painstaking efforts in the preparation of graphs, maps, charts, and the typographical copy of this report.

SITUATION IN PENNSYLVANIA INSTITUTIONS FOR THE MENTALLY ILL, FEEBLE-MINDED, AND EPILEPTIC

Pennsylvania has in its state hospital system at the present time seventeen hospitals for the mentally ill, exclusive of the Western State Psychiatric Hospital, but including Ransom Mental Hospital (the final disposition of which has not been determined). These institutions have resident populations varying from approximately 300 to 6,200 patients. The total resident population of all the above-mentioned institutions as of June 1st, was 34,254; the comfortable capacity was 28,841; overcrowding amounted to 5,413 patients or 19%.

Only five of the institutions at the time of the survey had a population of less than their comfortable capacity and the total vacancies in these five institutions amounted only to 389, while the overcrowding reached a figure of 1,525 in one institution and totalled in all institutions, 5,802.

The districts served by the different hospitals varied in area from 135 square miles to 10,208 square miles. Four of the hospital districts were considerably larger than the state of Connecticut (4,899 square miles). The population in the hospital districts varied from 84,000 to 1,931,000.

The standards of operation and the available facilities in institutions varied greatly and this is especially true in the former county institutions recently acquired by the Commonwealth as the result of the establishment of the principle of full state care. These institutions were absorbed by the Department of Welfare in 1941, at a time when their reorganization was seriously impeded by the shortages of personnel and equipment and supplies unobtainable because of shortages incident to military preparations, a condition which has not been alleviated.

The institutions for the feeble-minded (Polk, Pennhurst, and Laurelton), with a combined capacity of 5,940, had a population of 6,358 and further, these institutions had a combined waiting list of 3,067, emphasizing the shortage of facilities in this field.

Selinsgrove Epileptic Colony, with a capacity of 855, had 881 patients, with a waiting list of 85.

The aggregate patient population of all institutions surveyed as of June 1st, was 41,602.

Many of the older institutions are still using buildings constructed before the beginning of the present century and not adaptable to modern treatment of patients. Many buildings are of such a con-

struction that they present definite fire hazards and, in some cases, plumbing and wiring seriously below modern standards, or are otherwise inadequate.

Problems of inadequate water supply are found to exist in many institutions and only a few of the hospitals can be expanded without major alterations or additions to their water supply.

Some conditions found during the inspection of many of the institutions were not in conformity with the principles of preventive medicine and practical sanitation. Many of these lapses from accepted procedures and standards may be accounted for in part or whole by lack of professional personnel, the employment situation incident to the war, and the absence of necessary facilities.

Specifically, these defects were noted in the disposal of sewage and the production and processing of milk. At many institutions, untreated sewage is disposed of into nearby streams, in violation of the rules and principles of sanitation.

Few sewage plants inspected are modern or adequate, and require either extensive repairs or additions, or complete replacement.

Many of the hospitals do not have modern milk plants, and the standards set up by the Advisory Health Board of the Pennsylvania Department of Health are not generally met, nor can they be met without extensive remodeling or reconstruction. The majority of mental hospitals are using raw milk, a practice liable to produce unfortunate results sooner or later.

Hospitals for the mentally ill have generally shown by X-ray surveys and laboratory examinations a high prevalence of pulmonary tuberculosis, frequently amounting to 6 or 7 per cent. The survey of Pennsylvania institutions to date (conducted by the Department of Health) has shown no institution with a rate higher than 4 per cent of active cases. Conditions favoring the development and the spread of this disease are peculiar to mental institutions. The large patient population in the higher age brackets, at which time the prevalence of tuberculosis is highest; prolonged residence and thereby opportunity for continued exposure to active cases; the debilitated physical condition of many of the patients and the lowering of hygienic safeguards against spread, particularly in overcrowded quarters, contributes to the prevalence of this disease. As infection is most likely to occur between the ages of 20 and 30, particularly in women, and as the case mortality is highest in this age group, more than ordinary precaution should be taken at such hospitals to safeguard the health of ward personnel and patient population.

At Mayview, Woodville, Somerset, Hollidaysburg, Clarks Summit, Embreeville, and Retreat—all recently acquired institutions formerly

under county operation—great difficulty in satisfactory administration is found to exist as a result of the sharing of facilities by the County Home and the State Hospital. The operation on the same ground of two institutions under separate management and control, using many facilities in common and competing for labor, in some instances has created an intolerable situation.

Utility services such as power, heat, laundry and dietary are found to be overtaxed in all but a few institutions.

Serious overcrowding exists in nearly all of the institutions and in several this has reached the point where patients have to be quartered in basements, corridors, and attic areas, entirely unsatisfactory for hospital or residence purposes.

To the Board it appears that overcrowding is the "root of most evils" in that it prevents classification, segregation, and adequate application of therapeutic measures and definitely retards recovery. As a result of this overcrowding and loss of ward personnel, there is a high degree of property destruction. This, with the present shortages in maintenance personnel, has led to a condition of unsatisfactory maintenance at many places and to the creation of health hazards.

Recreational and occupational facilities have long been recognized as of therapeutic value in the treatment of the mentally ill. It was noted that in no institution has the maximum practical utilization of these agencies been achieved and in many they were totally inadequate.

Unsatisfactory housing conditions for employees exist in almost all institutions. In a few this is confined to a lack of adequate provision for staff personnel, but in many there is extreme overcrowding of already unsatisfactory quarters and in some institutions, employees are required to live in quarters on the wards occupied by patients.

BASIC STANDARDS

In determining the adequacy of present facilities and in arriving at conclusions concerning desirable expansion, the Board has used the following standards. Some of these are based upon national figures and standardized programs; others, upon carefully checked experience. All are explained in the appendices.

Experience shows a requirement of between 400 and 500 beds per 100,000 of general population in institutions for the mentally ill. National experience shows a need for approximately 100 beds per 100,000 of population for the mentally deficient, and 20 beds per 100,000 for epileptics.* At present, Pennsylvania has 340 beds per

* U. S. Public Health—"A Study of the Public Mental Hospitals of the United States, 1937-39." Supplement No. 164.

100,000 for the mentally ill; 63 beds per 100,000 for the mentally deficient; and 8 beds per 100,000 for the epileptic.

In planning for a modern mental hospital, the distribution of patients was set forth in the report made on April 6, 1933, to the Governor of Pennsylvania, by a committee similar to the present Board, as:

Acute	5 per cent
Hospital	2 per cent
Prolonged—quiet	28 per cent
Disturbed	16 per cent
Feeble	20 per cent
Working	17 per cent
Tuberculous	5 per cent
Epileptic	5 per cent
Convalescent	2 per cent

The Board believes these figures have not been materially modified in the past decade with the exception that there has been a slight decrease in the requirements for tuberculous patients; a moderate decrease in the requirements for epileptic patients, due to the development of Selinsgrove; and a considerable increase in the number of patients coming within the feeble and infirm group.

A well-rounded institution requires at least the following patient buildings:

- (1) An admission unit, capable of housing approximately 40 per cent of the annual admission rate; with its own complete study and treatment facilities;
- (2) Units for disturbed patients with facilities for 15 to 20 per cent of the population;
- (3) Infirmary accommodations for the care of the feeble and bed-ridden, for approximately 25 per cent of the population;
- (4) A hospital building for general medical and surgical purpose, capable of housing at least 2 per cent of the patient population;
- (5) A unit for tuberculous patients, housing approximately 4 per cent of the total population of the institution;
- (6) Continued care facilities for about 40 per cent of population, who do not require either bed care or excessive supervision;
- (7) Facilities for the isolation of contagious diseases, for approximately 1 per cent of the population.

In addition to these units, any well-rounded institution should have an administrative building with adequate space to accommodate the executive, medical, and business staff and their records; and a congregate recreational center with auditorium capacity for 40 per cent of the population, with gymnasium and recreational facilities. In addition to this, there should be adequate facilities for outdoor activities.

The Board has further deemed a radius of fifty miles the desirable extent of a hospital district with due regard for the possibility of the family keeping contact with the patient; bringing about commitment promptly when mental symptoms appear; and with regard to the possibility of the hospital (through its social service department) maintaining the supervision of patients on leave, thereby facilitating leaves of absence from the hospital.

Personnel ratios are well established insofar as medical care is concerned by the definite recommendations of the American Psychiatric Association and the American Association on Mental Deficiency.

General standards for hospital operation have been set up by the American College of Surgeons and have been approved by the American Medical Association and the American Hospital Association, and it is desirable that institutions in the Department of Welfare meet these standards.

RECOMMENDATIONS

MENTAL HOSPITALS TO BE RETAINED:

The Board recommends the retention and operation of the following institutions as mental hospitals:

Allentown State Hospital	Retreat State Hospital
Clarks Summit State Hospital	Somerset State Hospital
Danville State Hospital	Torrance State Hospital
Farview State Hospital	Warren State Hospital
Harrisburg State Hospital	Wernersville State Hospital
Hollidaysburg State Hospital	Western State Psychiatric Hos- pital
Mayview State Hospital	Woodville State Hospital
Norristown State Hospital	
Philadelphia State Hospital	

The Board recommends the immediate acquisition by the Commonwealth of the county properties, including buildings, at the following institutions:

Mayview State Hospital	Hollidaysburg State Hospital
Woodville State Hospital	Clarks Summit State Hospital
Somerset State Hospital	Retreat State Hospital

The Board further recommends the early abandonment of the Ransom Mental Hospital, with the transfer of its patients to Clarks Summit State Hospital; and the abandonment of the Embreeville State Hospital, with the transfer of its patients (as soon as facilities can be provided) to Wernersville State Hospital or Norristown State Hospital.

It is recommended that the Retreat State Hospital be continued at its present size, pending the adequate development of Clarks Summit and Danville State Hospitals and that when adequate space has been developed in these two institutions, the county of Luzerne be divided between these two institutions and the Retreat State Hospital be abandoned. The Board assumes that this hospital, because of a few satisfactory facilities at the institution, will continue to operate for at least a ten-year period. The site of this institution is very undesirable. No construction of buildings can be justified until the construction of other utilities, which would be unusually expensive. These would include a bridge across the Susquehanna River, connecting the hospital with the main highway; a new water supply, power plant, etc.

The Board deems it imperative that immediate plans be made and carried forth to increase the bed capacity of the Somerset State Hospital and the Hollidaysburg State Hospital, to 1,000 to 1,500 beds in order to relieve congestion at Torrance and to provide for efficient operation of these two institutions.

PROPOSED DISTRICTS:

Furthermore, the Board recommends the eventual establishment of districts composed of the herewith enumerated counties for these hospitals, and on the basis of this districting, suggest the eventual size of each institution concerned, by 1954:

	1940 District Population	District	Hospital Capacity 1954
Somerset	337,438	Fayette, Bedford, Fulton, Somerset	1,500
Hollidaysburg	369,889	Blair, Clearfield, Huntingdon, Centre, Mifflin	1,500
Torrance	765,401	Butler, Armstrong, Indiana, Cambria, Westmoreland ...	3,200
*"X"	509,154	Lawrence, Washington, Beaver, Greene	2,200
Clarks Summit	389,224	Lackawanna, Wyoming, Sus-	
Add one-half Luzerne ..	220,000	quehanna, Wayne, Pike ..	2,400
	<hr/> 610,000		
Allentown	606,052	Monroe, Carbon, Lehigh, Northampton, Bucks (½), Schuylkill (½)	2,800

Warren	674,779	Erie, Crawford, Venango, Clarion, Forest, Elk, Cam- eron, McKean, Warren, Potter, Mercer, Jefferson ..	3,000
Danville	897,052	Bradford, Tioga, Lycoming, Sullivan, Clinton, Union, Snyder, Columbia, Montour, Northumberland, Luzerne.*	3,000
Subtract one-half Luzerne	220,000		
	<hr/> 677,000		
Harrisburg	790,141	Dauphin, Perry, Juniata, Franklin, Adams, York, Cumberland, Lancaster ...	3,000
Norristown	653,860	Montgomery, Bucks (1/2), Delaware	3,000
Wernersville	564,317	Berks, Lebanon, Chester, Schuylkill (1/2)	2,400
Philadelphia	1,931,334	Philadelphia	10,000
Woodville	739,880	Allegheny	3,500
Mayview	671,659	Pittsburgh (City of)	3,500
Retreat	441,518	Luzerne*	
		Total	<hr/> 45,000

* The Board believes there is need for the development of an additional hospital to meet the needs of the populous counties of Lawrence, Beaver, Washington, and Greene. Until the development of such a hospital, this district must be included in the Torrance State Hospital District.

SPECIAL INSTITUTIONS:

The Board recommends the immediate expansion of the facilities at the Polk and Pennhurst State Schools with the early objective of making each one of these institutions a 4,000-bed school, thus eliminating the long-standing waiting lists.

The Board further suggests the development in the central portion of the state, of an institution for the mentally deficient; or the conversion of Laurelton State Village to an institution for mental defectives of both sexes. The question of which action is advisable should be a matter for further study and consideration. With a waiting list of 904, the need of additional construction at Laurelton is obvious. Furthermore, the size of this institution is such that further operating economies can be achieved by increasing its size.

The Board recommends the early enlargement of the Selinsgrove State Colony for Epileptics to 2,500 beds, including the further development therein of a children's unit with full teaching facilities.

Farview State Hospital should be increased to a 1,500-bed capacity. This additional construction will complete the present block system, and the further extension in size of this institution beyond 1,500 should be questioned; both from the standpoint of the location and topography, and because it is questionable whether this type of patient should be quartered in too large a unit. It would seem to the Board

that when a population of 1,500 is reached at Farview, there should be consideration given to the development of another institution in the central part of the state to care for the convict insane (the individual who develops a mental illness while undergoing a sentence).

PHILADELPHIA STATE HOSPITAL:

The Board endorses and recommends the approval of the existing comprehensive plan for the rehabilitation and expansion of the Philadelphia State Hospital. This hospital was long the subject of criticism and disapproval by those interested in the care of the mentally ill, inasmuch as it did not conform to accepted standards nor provide adequate treatment and care of mental patients. Many of these conditions still exist. The Philadelphia State Hospital, located in a great medical center, should be a model in facilities and methods and should be available for research, teaching and training of personnel in psychiatry and allied fields.

CHILDREN'S UNITS:

Recognizing the increased demand for aid in the psychiatric problems of children, the Board recommends the development of a children's unit similar to the unit now existing in the Allentown State Hospital, in the western part of the State, probably at the Torrance State Hospital.

WESTERN STATE PSYCHIATRIC HOSPITAL AT PITTSBURGH:

The Board approves the present policies of the Western State Psychiatric Hospital—the program being fundamentally centered on instruction and research. This hospital is a Pennsylvania-wide facility and as such receives specially selected patients whose transfer is approved by the Department of Welfare. In no sense should it be regarded as a "clearing house," but rather a teaching and research center. The professional personnel should be of the highest possible quality and appointments should be made on the basis of qualifications and experience, without restriction to local residence. Special classifications will have to be established for technical personnel. The Board recommends the appointment of an Advisory Committee or a Board of Trustees for the Western State Psychiatric Hospital, whose members would represent the whole state.

TEACHING AND TRAINING PROGRAMS IN MENTAL INSTITUTIONS:

The Board strongly recommends that *all* the State institutions be utilized to the fullest extent for training and clinical research, since these institutions represent a wealth of invaluable material and ex-

perience. This would ultimately raise the standards of patient care and of hospital and extra-mural service. It is believed that it would, in time, effect a reduction in hospitalized patients. There has been no general program in Pennsylvania in the past for post-graduate teaching in the various professional fields represented in the State mental hospital, nor has there been a center where such intensive training could be obtained. While the Psychiatric Hospital in Pittsburgh has been built especially for such purpose, the possibilities inherent in other institutions should be fully utilized.

PREPARATION OF EXPANSION PLANS:

Promptly upon the acceptance of these prospective populations for institutions, the Board suggests that the Department of Welfare prepare plot plan studies and engineering surveys to locate all future construction contemplated. Construction plans can then be developed on an orderly, efficient, and economical basis. All programs should include the development of the facilities suggested on page twelve of this report.

In many institutions, buildings with serious fire and health hazards are in use. Until they are replaced they endanger the life and health of the patients and personnel housed therein, and are a reflection on the Commonwealth of Pennsylvania and should be corrected forthwith. (See especially reports on Philadelphia, Norristown, Mayview, Embreeville, Somerset, Woodville, Harrisburg and Danville.)

PROPERTY MAINTENANCE:

Institutions such as mental hospitals and schools for the feeble-minded have an excessive maintenance problem because of the conduct of many of their disturbed patients and this is accentuated by conditions of overcrowding. The Board observes that there is a great variation in the quality of property maintenance in our institutions and a discrepancy in the number of maintenance personnel employed. It is felt that the Department of Welfare should give this matter prompt attention and encourage the development of adequate maintenance forces on a more uniform basis, as a measure of real economy.

IMPROVEMENT IN MEDICAL AND HEALTH SERVICES:

Hospital facilities for general medical and surgical conditions and for isolation were found to be absent or inadequate in many institutions. As influenced by factors, such as proximity to large medical centers, the availability of medical specialists, or the age and type of patient groups, a general hospital with a capacity of at least 2 per

cent of the total institutional population should be a part of every mental hospital. Provision should also be made, preferably as an integral part of the main general hospital, for the isolation of contagious diseases, other than tuberculosis, to the extent of 1 per cent of the institutionalized patients.

To control the tuberculosis problem, facilities should be available to examine by means of the X-ray every patient upon admission or as soon thereafter as practicable; to examine by the X-ray at least yearly all nurses and attendants, particularly those in close contact with patients; to conduct X-ray surveys of patients and other employees at least every two years, and to provide a hospital for tuberculous patients in every state mental institution, or transfer such patients to institutions selected for this purpose. As it would be uneconomical and administratively difficult to provide the necessary X-ray equipment at each institution for the general survey of patients and attendants, it is recommended that the general X-ray surveys be conducted by the State Department of Health, which Department has been engaged in this enterprise during the past two years.

Every dairy should have a modern milk pasteurizing plant. The milk should be bottled, if practical, otherwise spigoted cans should be used. Modern bottle and can washing and sterilization facilities should be a part of the milk plant.

The Board recommends the development of a complete health service for the institutions of the Department of Welfare, and presents for consideration the use of the facilities of the Department of Health on an extended scale. The Bureau of Health Conservation and other bureaus in the Department of Health, have been engaged to a limited extent. It is believed the Department of Health should be asked to formulate a plan for health service to meet the needs and desires of the Department of Welfare. In these twenty-two institutions is a population of approximately 50,000, for which a comprehensive and uniform program should be developed to apply the accepted principles of preventive medicine and sanitation.

PERSONNEL EDUCATIONAL PROGRAMS:

The Board is impressed by the present extreme shortage of trained personnel in our institutions and by the limited training facilities. Several hospitals which formerly had training schools for nurses have had to abandon them because of Nursing Board requirements and licensed training schools for attendants are now reduced to one. It is the recommendation of the Board that a state-wide program should be developed, looking toward the better training of attendants and nurses in mental hospitals. This should include the development of a

program of affiliate and post-graduate nurse training and the development of schools for attendants with a uniform program so that the personnel handling our patients might have a sound foundation training on which to base their practice. We believe that it would be advisable to recognize the training of the licensed attendant by an additional classification grade, which would permit a salary recognition of his training.

DEPORTATION:

As a measure to relieve our overcrowded situation, the Board would recommend the establishment of a Deportation Officer in the Bureau of Mental Health to handle deportations in accordance with the provisions of the Mental Health Act. It is believed that by a coordinating of deportations and of transfers within the state, considerable sums could be saved to the taxpayer, and at the same time if this operation was handled independent of the hospital, there would be a greater incentive to establish out-of-state residence.

PROBLEMS OF PROTRACTED HOSPITALIZATION:

Since the vast majority of our patients in mental hospitals fall in the classification of protracted care cases, it is apparent that one of the soundest approaches would be a greater consideration of the rehabilitation and community readjustment of the protracted case. To promote this, adequate social service departments should be developed in all mental hospitals. Frequent contacts with the families of resident patients, with patients on parole, and community agencies will permit the return to the community of more patients. It is the belief of the Board that a minimum of one social worker for each one hundred patients on parole is essential to efficient operation.

In a study of admissions to several of our mental hospitals which was not detailed, it was noted that there has been a rapid increase in the admission of individuals over sixty years of age. Inasmuch as old age with its accompaniments of mental inadequacy rather than mental disease, is becoming a serious problem in institutional care, the Board recommends that a special study should be made to formulate a policy regarding the limitation of the state's responsibility for their care. This problem is related to federal social security measures as well as state and local care of this increasing element in the general population.

Each hospital should be encouraged to review at frequent intervals its entire patient population with the purpose of increasing paroles and stimulating an active therapeutic program for patients otherwise regarded as chronic. This would involve the wider utilization of oc

cupational therapy, increasing recreational activities, and frequent changing of the occupational program of the individual. The possibilities of the boarding out program provided for by Act No. 257, July 12, 1935, should be further explored.

The problem of population reduction in mental hospitals is a problem of changing social concepts. A certain percentage of mental patients are committed to hospitals with the idea that treatment is needed for them and will be helpful to them. A large number of patients are committed because the community feels it cannot endure their conduct in the community, or is unable to give them adequate supervision to protect them and others. Therefore, the problem of the mental hospital population is not only a medical problem, but a social problem as well.

Programs for prevention of mental illness are of distinct value and yet this value is difficult to demonstrate statistically. Certainly it would seem that any comprehensive approach to the problem of mental illness would involve not only the care of the psychotic, but provision for adequate treatment, advice, and supervision for the borderline cases and the prepsychotics at present resident in the community—in the hope that adequate guidance to these individuals would result in the lowering of the admission rate.

An aggressive program would therefore involve a consideration of community clinics, both for adults and children; general hospital observation wards for borderline cases; and community educational programs which might permit the continued residence in society of mildly disturbed individuals; and the building up of a public understanding which might make a wider use of boarding out plans practicable. Such programs, however, require long periods of time for development and while they can be regarded as proper subjects for policy establishment and program development, it is highly improbable that any considerable immediate results could eventuate from even a large and well-integrated program; although there seems to be little question that eventually such programs would lead to a wiser and more economical approach to the question of mental illness.

CONCLUSION

In conclusion the Board wishes to re-emphasize that the maximum application of remedial measures is dependent upon adequate facilities and adequate trained employee personnel. The mental hospitals of the state of Pennsylvania have for years labored under the handicap of deficiencies in both facilities and personnel.

For our mental hospitals at the present moment, we require 5,413 additional beds to meet the present load, plus 729 beds which would

be abandoned at Embreeville and Ransom hospitals. In addition to this, there are approximately 4,000 beds in structures which do not meet safety and hygienic standards satisfactorily. Further, it must be noted that the annual increment of new patients in Pennsylvania mental hospitals has totalled 700 per annum over the last ten-year period.

In institutions for the feeble-minded, we have at the present time an overcrowding of 418; a waiting list of 3,067; and an unmeasured need which is not reflected in these figures because a number of individuals who should be admitted to these schools and whose families desire their admission, have not been listed because of the apparent hopelessness of admission.

The Board therefore urges upon the Governor of the Commonwealth of Pennsylvania and the Secretary of Welfare, that they weigh carefully this need in a post-war construction program. The problem of mental disease is a large one. The burden on the taxpayer created by this type of disorder is considerable. A successful attack on the problem demands not only a comprehensive far-seeing program, but adequate facilities and trained personnel. Certainly, the importance of an annual appropriation for research and study on the basic problems involved will be an essential part of a constructive program. It does not seem logical to pour into building and maintenance millions of dollars annually and neglect research and investigation, both medical and social, into the causes which lie at the bottom of this great problem.

Respectfully submitted,

HOWARD K. PETRY, M. D., Chairman.

CHAS. A. ZELLER, M. D.

GROSVENOR B. PEARSON, M. D.

CHARLES R. REYNOLDS, M. D.,
Major General, U. S. A., Retired.

WILLIAM C. SANDY, M. D.

APPENDICES

APPENDIX 1

PRESENT HOSPITAL DISTRICTS

Overcrowded

<i>District</i>	<i>District Popula- tion, 1940</i>	<i>Hospital Popula- tion, June 1, 1944</i>	<i>Capacity</i>	<i>Over- crowding</i>
Allentown	529,272	1,955	1,664	291
Farview	(State-wide)	1,059	853	206
Harrisburg	926,452	2,425	2,019	406
Hollidaysburg	140,358	343	255	88
Mayview	671,659	3,005	2,232	773
Norristown	653,860	4,381	3,853	528
Philadelphia	1,931,334	6,048	4,523 ¹	1,525
Somerset	84,957	465	427	38
Torrance	1,475,554	2,472	1,670*	802
Warren	766,873	2,521	2,219*	302
Wernersville	428,690	1,859	1,597	262
Woodville	739,880	2,509	1,928	581

Less Than Capacity

				<i>Available Beds</i>
Clarks Summit	301,243	1,039	1,134	95
Danville	672,902	2,388	2,563*	175
Embreeville	135,626	327	343	16
Ransom	—	338	386	48
Retreat	441,518	1,120	1,175	55
W. State Psych. (State-wide)		109	125	16

¹ This includes recently completed buildings at Philadelphia and is superintendent's estimate of present rated capacity.

* Capacities of these institutions are questioned by superintendents who desire rechecking.

All above figures are based upon official Department of Welfare ratings, dated March 29, 1944.

APPENDIX 2

SEE MAP I—PRESENT DISTRICTS

(See Map at End of Report)

APPENDIX 3

COUNTY HOME ACQUISITION

In accordance with the terms of Public Law No. 53, September 29, 1938, as amended by Act 101, May 25, 1939, all patients previously maintained in county hospitals became wards of the Commonwealth and all county mental hospitals were either taken over by the Commonwealth, or closed.

The Full State Care Act resulted in the acquisition of the following properties on the following dates:

Philadelphia State Hospital	October	15, 1938
Mayview State Hospital	August	1, 1941
Woodville State Hospital	June	1, 1941
Somerset State Hospital	September	1, 1941
Embreeville State Hospital	October	1, 1941
Hollidaysburg State Hospital	September	1, 1941
Retreat State Hospital	September	16, 1943
Clarks Summit State Hospital	October	1, 1943

And the closing as mental hospitals of the following:

Mercer Mental Hospital	December	31, 1941
Schuylkill Mental Hospital	April	15, 1942
Blakely Mental Hospital	October	15, 1943
Lancaster Mental Hospital	May	30, 1942

In all instances, with the exception of the Philadelphia State Hospital, there was a combining of the functions of the county home or almshouse with the county mental hospital. As a result of this, amicable agreements were reached for the division of property at these institutions, based upon the proportion of population in the mental hospital, as against that in the county home. This has led to considerable confusion, a sharing of facilities, and a sharing of costs; and has led to operating difficulties and misunderstandings. Property lines have been poorly defined and land has therefore been divided into noncontiguous parcels.

All in all, unsatisfactory conditions have developed for both county and state. Since in all cases where county homes were taken over, overcrowding existed and early expansion is essential, it is the Board's recommendation that the state immediately acquire the entire property, or, as in the case of Clarks Summit and Ransom, seek an adjustment whereby the almshouse patients will be removed from one institution and the mentally ill from the other. With the absolute need for increased facilities and for expansion, this arrangement is not practical in most places. It appears to the Board, however, that the acquisition of county properties where they exist on state hospital ground, is a sine qua non for successful operation. Many of the county home properties are worthless structures and have outlived their usefulness. A few have real value and can be utilized fully.

APPENDIX 4

POPULATION, CAPACITY AND WAITING LISTS IN INSTITUTIONS FOR FEEBLE-MINDED AND EPILEPTICS, JUNE 1, 1944

<i>Institution</i>	<i>Population</i>	<i>Capacity</i>	<i>Overcrowding</i>	<i>Waiting List</i>
Laurelton	909	815	94	904
Pennhurst	2,257	1,805	452	1,532
Polk	3,192	3,320	—	631
Selinsgrove	881	855	26	85

Capacity figures not taken from official departmental standards but from statements of superintendents of institutions, and therefore may be subject to change.

APPENDIX 5

UNSAFE CONSTRUCTION

See especially reports on:	<i>Page</i>
Philadelphia	42
Norristown	39
Mayview	36
Embreeville	28
Somerset	50
Woodville	60
Harrisburg	32
Danville	24

These include some of the major structural hazards in the state. The conditions at Philadelphia, Norristown, Mayview and Somerset are especially hazardous and demand immediate attention.

APPENDIX 6

SUMMARY OF EXISTENT SITUATION AND EXPANSION NEEDS OF INDIVIDUAL HOSPITALS

The following surveys were rather hastily made but represent basic material. The recommendations are suggestive, rather than specific in most cases, but represent the Board's initial reaction to the immediate needs of the institution. *They should not be considered in any sense complete, and represent only the major obvious requirements.*

In analyzing the problems of each institution, the Board was more and more impressed with the importance of setting a population goal for each institution and then making careful plans as to location, service line development, etc., so that an orderly and yet complete plan could be worked out.

ALLENTOWN STATE HOSPITAL.

Authorized: 1901.

Opened: 1912.

Board of Trustees:

Address

- | | |
|-------------------------------------|--------------------|
| 1. Dr. Walter W. Seibert | Easton |
| 2. Dr. William A. Pearson | Lakeview, Narberth |
| 3. Mrs. Marion Etter | Bethlehem |
| 4. Dr. Kenneth Weston | Allentown |
| 5. Mrs. Marian K. Steckel | Allentown |
| 6. Louis P. Neuweiler | Allentown |
| 7. Victor Schmidt | Allentown |
| 8. Maj. J. C. Shumberger, Sr, | Allentown |
| 9. J. Edward Durham | Allentown |

Present District:

Counties: Bucks, northern part; Carbon, Lehigh, Northampton, Monroe, Pike, Wayne.

Population of District: 529,272.

Area of District: 3,334 square miles.

Total Property Value: \$5,239,324.88.

Population of Hospital June 1st: 1,961; 354 on parole.

Department Rated Capacity: 1,664.

Overcrowding: 291, or 18%.

General Statement: In City of Allentown, at border of Bethlehem. Excellent site, though not much building space available. Weaversville Colony or Farm connected with the main institution, about eight miles distant.

UTILITIES:

Water Supply: Allentown City supply, pumped to reservoir, one million gallons chlorinated water. Cost \$6,000 to \$7,000 a year, plus cost of pumping. Reservoir uncovered. Inadequate in size. Another needed.

Sewage: Disposal plant on plot east of buildings. Overloaded. Requires remodeling and enlargement or a new plant for population of 3,000.

Power and Light: 3 generators, 300 KW; 2 150 KW; DC, 110 volts. Condition good. No emergency lighting in buildings, except auditorium and operating room. Another generator needed for electric supply. Practically no ground lighting.

Laundry: Fairly adequate at present.

Storage Facilities: Inadequate. Basements in general use.

Mechanical Shops: Listed under Industrial Buildings.

Heating Plant: 3 500-H.P. boilers. Require 1 additional. Condition: New GSA stoker system, barley coal. Bayers ash remover.

Heating System: Piping wearing out.

DIETARY DEPARTMENT:

Kitchen: 3 kitchens. 1 main kitchen with 13 serving rooms. Staff kitchen for 42 administrative employees. Special diet kitchen for 95 diets per meal. Milk from dairy not pasteurized. Equipment installed. Some skim milk and powdered milk purchased which is not pasteurized.

Refrigeration: In basement of butcher shop and ice boxes in kitchen. 20-ton compressor, motor driven; refrigerator boxes 15 tons. Daily average ice, 2 tons. Plant is inadequate for expansion.

Dining Rooms: Congregate, 3; men's, 318; women's, 304; cafeteria, 236; ward dining rooms, 14. Adequacy in general, 80%.

PATIENT BUILDINGS:

Admission Unit: Two-story brick. Capacity—male, 143; female, 156; total, 299.

Hospital: No.

Disturbed Units: 1 two-story brick. Capacity: female, 100.

Tuberculosis Unit: 1 for women—brick, satisfactory. Capacity, 62.

1 for men—old, wooden. Capacity: 34. Dilapidated and overcrowded. Should be replaced.

Positive and negative cases separated on porches.

Children's Building or Unit: Behavior cases, age 4-16. Capacity, 100 plus.

Infirmary: None.

Continued Care Unit: For aged, two 3-story brick buildings.
Capacity: Male, 282; female, 282; total, 564.

Isolation: 1-story brick building. Capacity 19.

Administration Building: 1 (Also Superintendent's quarters).

Recreational and Occupational Buildings: O.T.—distributed in patients' buildings. 4 types basement for 550. 2 gymnasiums, 2 children's playgrounds, etc. 70% of patients on recreation programs.

Library: Adult and children.

Others: Convalescent building: 1. Capacity 68 men and women.
Industrial buildings: 1 floor of 2-story building and basement—machine, carpenter, metal and paint.

1 in lower floor of laundry building (brick)—sewing, mending, cobbler, tailoring, mattresses, brooms and upholstery.

2 ward buildings, 3-story brick, care for 335 male and 318 female inmates; total, 653.

Colony: 2 buildings—1 brick, 1 stone; 107 men.

HOUSING:

Staff:

Superintendent: In Administration Building. Adequate only for family without children.

Physicians: No home. Quartered in Administration Building.

Others: Nurses. 2 brick homes—adequate at present.

Female attendants: 1 brick home—adequate at present.

Male attendants. 2 brick homes—adequate at present.

Employees: See above.

MAINTENANCE:

Plumbing: Unsatisfactory in older buildings.

Wiring: Direct current. Installation of A-C to be considered. Much of wiring old. No emergency lighting.

General: Satisfactory, considering the age of many of the buildings and utilities.

Fire Protection: No fire alarm system. Allentown Fire Department available, and inspects from time to time. Portable fire extinguishers available except at farm.

1 fire truck at hospital.

NEEDS:

Urgent: Construction of men's tuberculosis building for 50 cases.
Present old, wooden, dilapidated building housing 34 tuberculous men; should be razed. It obstructs the road.

Reconstruction and enlargement of sewage plant or an entirely new plant.

Construction of barn at Weaversville Colony to replace the one burned.

Present: Building for stores and refrigeration.

Hospital with clinic—pathologic adjuncts combined; 75 bed capacity, plus isolation facilities.

Superintendent's home.

Physicians' homes.

Additional reservoir.

Addition to kitchen and cannery.

Future: Long range development plan contingent upon the future of Weaversville Colony. This, together with the changes in hospitalization resulting from redistricting, requires special study.

Weaversville Colony should be enlarged and provision made for resident medical service.

COMMENTS: This hospital has nearly reached building capacity on present site. Future expansion will have to be at Weaversville Colony.

CLARKS SUMMIT STATE HOSPITAL

Authorized: 1862.

Opened: For insane, 1882.

Mental Hospital declared to be separated from County Home on October 1, 1943.

Board of Trustees:

Address

- | | |
|------------------------------------|---------------|
| 1. Worthington Scranton, President | Scranton |
| 2. E. J. Williams | Clarks Summit |
| 3. Frank Suraci | Scranton |
| 4. James Veras | Dunmore |
| 5. Philo W. Butler | Scranton |
| 6. Steven Dubernas | Old Forge |
| 7. Howard Becker | Scranton |
| 8. Herbert S. Jones | Scranton |
| 9. John H. Pritchard | Scranton |

Present District:

County: Lackawanna County.

Population of District: 301,243.

Area of District: 454 square miles.

Total Property Value: \$2,374,200.

Population of Hospital June 1st: Males, 544; females, 495; total, 1,039.

Department Rated Capacity: 940. (Survey November 23, 1943; Mr. Dunlap. M. 625, F. 509; total, 1,134.)

Overcrowding: 99. (From later figures, *no* overcrowding.)

General Statement: The institution is located about one mile from Clarks Summit and about ten miles from Scranton on Route 6. It is situated on high ground overlooking rolling farm land country. The institution faces the highway. The front grounds are surrounded by an ornamental iron fence, and as it is approached from Clarks Summit, there is one entrance to the County Home and a second entrance to the Administration and Admission Building of the mental hospital.

UTILITIES:

Water Supply: Three driven wells. Never any shortage. Using daily about 52,000 gallons. Three reservoirs: one for laundry, two for remaining services. Total capacity over 2,000 gallons. No chlorination.

Sewage: Disposal plant in fair condition. Located on main road to the hospital, according to a prior survey report. Adequate for 1,500 patients. Complete treatment, including chlorination.

Power and Light: Electric service entirely by Scranton Electric Company, through purchase, with Abington Electric Company as emergency standby—adequate. Road lights from power house inadequate.

Heating Plant: Three boilers, 250 H.P. each, or total 750. Fair condition. Hand fired. Rice coal used. In 1938 survey age given as 17 to 20 years. No standby service for extreme weather conditions. Building in poor condition.

Laundry: Located in ground floor of auditorium building, formerly old boiler room. Not large enough for expansion of institution.

Storage Facilities: Inadequate. Scattered. Principally located in basement of almshouse building, including refrigeration.

Mechanical Shops: Scattered and inadequate.

DIETARY DEPARTMENT:

Kitchen: One small and inadequate kitchen. Better refrigeration and a vegetable preparation room needed. Kitchen about one-half size needed.

Bakery: Located in the basement of County Home.

Refrigeration: Located in basement of County Home.

Dining Room: Two large congregate dining rooms, one for each sex. Capacity 450 for each sex. Much room to spare. Two ward dining rooms: Ward 1 for 60. Ward 2 for 58. Both for infirmary patients. Inadequate serving facilities.

PATIENT BUILDINGS:

Admission Unit: Separate wards. One for each sex. About 58 capacity each. Set aside for admission purposes. There are two continuous bathtubs in each ward, probably seldom, if ever, used. One for women, one for men.

Hospital: None. Ward 5 (male) and Ward 9 (female), in separate buildings, set aside for the feeble and infirm.

Disturbed Units: No special facilities.

Tuberculosis Unit: No special facilities. Said to be 10 male and 19 female tuberculosis patients.

Infirmary: (See data under "Hospital.")

Continued Care Unit: Some of the wards in Main Building. In adjoining buildings, Wards 7 and 8 for males, and 10 and 11 for females.

Isolation: None.

Administration Building: Elaborate and spacious offices in Main Building.

Recreational and Occupational Buildings: Inadequate recreational and occupational facilities. Auditorium over the laundry. Capacity 500. Separate chapel. Capacity 300. Some enclosed exercise yards.

Others: In Main Building, various departments located, e. g., laboratory, dental and superintendent's offices, dispensary and pharmacy.

HOUSING:

Staff:

Superintendent: Substantial house was supposed to be vacated on January 1, 1944, by superintendent of County Home, but he retained possession.

Physicians: Quarters in Main Building.

Others: A number of outlying houses, e. g., farm manager, mechanical director, blacksmith—all occupied by County Home personnel.

Employees: A separate building for male employees; capacity 60. A nurses' home for female employees; capacity 60. Houses all types of female employees, e. g., nurses, attendants, and office help.

MAINTENANCE:

Plumbing: Said to be good.

Wiring: A.C.

General: Improving under new administration.

Fire Protection: It is stated that there is an adequate fire alarm system. There is a fire marshal. A volunteer fire department is two miles from the premises. Portable fire extinguishers are available. Hydrants on separate loop, have 60-lb. pressure.

NEEDS:

Urgent: Enlargement of kitchen, with adjacent refrigeration and food preparation facilities. More adequate laundry facilities. Revamp boiler house and equipment.

The divided authority over the property has resulted in an impossible situation. Immediate steps should be taken to secure the whole property for mental hospital purposes. At present, the superintendent's home is occupied by the one in charge of the County Home. The County Home building, in the basement of which are facilities belonging to the mental hospital, is well adapted for the care of mental patients with few changes immediately necessary.

The Clarks Summit Hospital should receive the mental patients from Ransom. Ransom and Blakely are adaptable for housing the County Home inmates from Hillside and Retreat.

Future: Once the whole property has been acquired for mental hospital purposes, proceed to develop the Clarks Summit Hospital to a capacity of at least 1,500, adding various units and facilities needed to round out the hospital as a diagnostic treatment centre, adding to its district several small neighboring counties.

In the further development of this hospital, consideration should be given to more adequate facilities for the diagnostic study and treatment of patients. Admission wards might be provided in the present County Home building. Better facilities for the segregation and treatment of cases of tuberculosis should be provided.

In addition to other needed therapeutic equipment an electrocardiograph should be secured, in order that, with the X-ray apparatus, the medical staff may eventually be prepared to give electric shock treatment.

The superintendent has recommended the replacement of the power plant, laundry and bakery, and these suggestions should have careful consideration.

More adequate housing for physicians should be made available, particularly for those with families, in order that competent assistants may be attracted and the staff stabilized.

COMMENTS: If the program outlined in future needs can be followed, Clarks Summit State Hospital should develop into an adequate mental hospital for the district suggested. Such a program has been under discussion for some twenty years, the delay being due to the postponed complete State Care Act. It would seem as if the program could be carried out by agreement with the local authorities, with perhaps a nominal rental being involved. Making available the properties of Ransom and Blakely to the local authorities for County Home purposes, would appear to be ample compensation for the Hillside County Home buildings which the Commonwealth would take over for mental patients.

DANVILLE STATE HOSPITAL

Authorized: 1868. Opened: 1872.

<i>Board of Trustees:</i>	<i>Address</i>
1. Edward F. Price	Danville
2. Frank M. Haas	Sunbury
3. David J. Reese	Danville
4. Elmer R. Beers	Bloomsburg
5. Frank S. Strite	Williamsport
6. I. M. Witt	Montoursville
7. George W. Scott	Mt. Carmel
8. Dr. Robert Y. Grone	Danville
9. Walter P. Johns	Bloomsburg

Present District:

Counties: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Schuylkill (1/2), Snyder, Susquehanna, Sullivan, Tioga, Union, Wyoming.

Population of District: 672,902.

Area of District: 9,345 square miles.

Total Property Value: \$5,020,638.

Population of Hospital June 1st: 2,388.

Department Rated Capacity: 2,563.

Overcrowding: None—175 less than capacity.

General Statement: Two miles from the borough of Danville, Montour County, on a site overlooking north branch of Susquehanna River. A well-marked hard road leads from Danville to hospital, and there is also a flag station on the D. L. & W. Railroad.

UTILITIES:

Water Supply: From Susquehanna River. Filtration plant, chlorinated, then pumped up to reservoir.

Sewage: Institution owns its own sewage disposal plant. Plant is adequate for present patient population.

Power and Light: Institution produces its own power, type A.C. Three generators, capacity 300 KWH. Condition new. Plant finished in 1928. In very good condition, and can stand some additional load.

Laundry: New. Adequate for present population and can stand some additional load.

Storage Facilities: Inadequate. Need centralized storeroom.

Mechanical Shops: Adequate for present population.

DIETARY DEPARTMENT:

Kitchen: One main kitchen preparing food for 2,400 patients and approximately 190 employees.

One kitchen prepares for approximately 15 staff employees.

One kitchen prepares hospital diets.

Replacement and expansion of facilities urgent.

Refrigeration: One cold storage building, inadequate.

Dining Rooms: No congregate dining rooms. All patients fed in 32 ward dining rooms. Capacity corresponds with the number of beds of the respective wards. New central kitchen and dining room needed for the patients housed in the central block buildings.

PATIENT BUILDINGS:

Admission Unit: None. Admission unit needed, housing 150 patients. At present all patients are admitted to the respective acute treatment buildings, depending on sex.

Hospital: None. Work carried on in infirmaries on respective sides.

Disturbed Units: No disturbed patient buildings. Disturbed patients now cared for in acute treatment sections on respective sides. Disturbed unit needed.

Tuberculosis Unit: Two one-story fireproof brick buildings, capacity 55 patients, male and female. Total, 110 patients. Adequate for present needs.

Infirmary: Infirmary on male side and on female side. Construction, brick. Adequate for present needs.

Continued Care Unit: Five wards, different buildings, capacity 881. Adequate.

Isolation: One isolation building, one story brick, capacity 20. Adequate.

Administration Building: Located in center of main group. Adequate for present needs. Constructed in 1872; however, in good shape.

Recreational and Occupational Buildings: Chapel and amusement hall in Administration Building, third story. Fire hazard; restricted to 300 patients. One chapel second floor rear; Administration Building also restricted by Labor and Industry on account of fire hazards. Fifty patients.

Others: Occupational therapy: Located in separate building—new building for female side. Need one for males. Four occupational therapy buildings located in the yards on respective sides. Two industrial buildings adequate for present needs.

HOUSING:

Staff:

Superintendent: Apartment in Administration Building. Separate home needed.

Physician: Individual buildings in the number of six located on the hospital grounds.

Others: Individual buildings located on the hospital grounds; adequate at the present time.

Employees: One female nurses' home which presents a fire hazard in that it has a central wooden open stairway.

Male nurses: Separate home adequate for present needs. Some attendants are housed in patients' buildings.

There is a separate male employees' building, also a separate building for female employees.

MAINTENANCE:

Plumbing: Satisfactory.

Wiring: Satisfactory.

General: General maintenance good.

Fire Protection: Hospital and municipal fire departments adequate at present time. Fifty pounds pressure at fire-fighting apparatus.

NEEDS:

Urgent: 1. Reconstruction in Female Nurses' Home and additional fire exits, eliminating present fire hazard as it now exists.

2. Fire-proofing and modernization of heating system in main block building. Throughout the entire main block building many fire hazards are inherent in the construction existent. Attention has been called to these for many years and tentative projects considered without subsequent action. The present hot-air system of heating is entirely inadequate, unsatisfactory and inefficient and contributes in major part to existing fire hazards. Adequate fire-proofing of this building and conversion of heating system to a direct method is suggested.

3. It is suggested that consideration be given to the Farm Department of this institution inasmuch as it seems to be located very close to the hospital buildings and crowded together. A thorough study of this situation will show that a calf and maternity barn is needed, as well as the construction of a new piggery and hennerly building. The present situation is not compatible with good farming in an efficient and economical manner and presents a problem to the administration of this institution.

Present: Inasmuch as this hospital presents very little overcrowding, no present hazards exist insofar as housing is concerned. If this institution is to be developed to three thousand patients, the following buildings will have to be taken into consideration:

1. Admission Building, capacity 150 patients, both male and female.
2. The present chapel and auditorium can be considered as rather hazardous insofar as fire is concerned. The institution has suggested that a combined auditorium, chapel and gymnasium be built. At the present time the chapel and auditorium is on the fourth floor of the Administration Building. Although the capacity of the building is 600, fire hazards and the distance from ground level has caused the Department of Labor and Industry to condemn it and limit the total service for movies to 300 patients. The building of a combined auditorium, chapel and gymnasium should be considered.
3. Construction of a new central kitchen and dining room for main block building. The existing central kitchen facilities and dining room for employees are entirely inadequate for the present population and will be completely overloaded with any increase. It is suggested and planned that in the area formerly occupied by the burned down laundry building, a new kitchen, bakery and congregate dining room and associated dining rooms for employees be erected. In this same building, in the basement, sorely needed storeroom facilities should also be incorporated.

- Future:*
1. Two disturbed patient buildings, capacity 125 beds each.
 2. One continued care building, capacity 200 beds.
 3. Staff housing or physicians' cottages.
 4. Greenhouse or propagating house.
 5. Superintendent's home.
 6. A study of related facilities such as heating, water supply, electrical facilities and addition of equipment to the laundry.

COMMENTS: Danville, because of its central location in the state, may be called on in the future to establish a children's unit, thus providing three units: one in the west, one in the east, and one in the central part of the state. The exact character and the future construction will be dependent upon hospital districts and determinations, but with the addition of the buildings mentioned, a well-rounded-out program can be developed.

EMBREEVILLE STATE HOSPITAL

Authorized: 1941.

Opened: 1941.

Board of Trustees:

1. Harvey M. Thomas
2. George D. Baldwin
3. Mary S. Gawthrop
4. John W. Watt
5. Thomas P. Harney
6. Harriet G. Bowman
7. Howard M. Way
8. W. Perry Tyson

Present District:

County: Chester.

Population of District: 135,626.

Area of District: 760 square miles.

Total Property Value:

Population of Hospital June 1st: 327.

Department Rated Capacity: 343.

Overcrowding: None.

General Statement: In good farming country, remote from town, seven miles to West Chester. Buildings are old or in poor repair, badly located on terrain not adapted to satisfactory development.

UTILITIES:

Water Supply: Inadequate and unsafe.

Sewage: Inadequate disposal plant.

Power and Light: Antiquated power plant, incapable of expansion.

Laundry: Inadequate, in basement of patient building.

DIETARY DEPARTMENT:

Kitchen: Inadequate.

Refrigeration: Very inadequate.

Dining Rooms: Overcrowded.

PATIENT BUILDINGS:

One building on modified Kirkbride plan.

HOUSING:

Staff:

Superintendent: Part of Nurses' Home.

Physicians: No houses.

Employees: On wards; altogether inadequate.

MAINTENANCE:

Plumbing: Poor.

General: Poor.

Fire Protection: Unsatisfactory water pressure and municipal fire department too far away.

NEEDS:

Urgent: Correct water supply.

Repair buildings, roofs, etc.

Present: Recommend abandonment. Present structures hardly worth repairing and would not fit into modern hospital plan.

FARVIEW STATE HOSPITAL

Authorized: 1905.

Opened: 1912.

Board of Trustees:

Address

1. Charles H. Ainey	New Milford
2. D. A. Wolfe	LaAnna
3. Asa B. Martin	Milford
4. L. A. Howell	Honesdale
5. Edmund B. Lewis	Scranton
6. LeRoy Dengler	Mt. Pocono, R. D.
7. Edward A. Katz	Honesdale
8. Charles Games	Carbondale
9. William Stratford	Forest City

Present District:

Counties: Entire state.

Population of District: 9,900,180.

Area of District: 45,045 square miles.

Total Property Value: \$3,266,428.

Population of Hospital June 1st: 1,059.

Overcrowding: 206.

Department Rated Capacity: 853.

General Statement: Near the summit of Moosic Mountain, one mile from Waymart, Wayne County. Entrance to hospital grounds on U. S. Route No. 6. Institution sits at the top of a mountain. Elevation 1,946 feet.

UTILITIES:

Water Supply: Private. Source is No. 7 pond, artesian well and springs. Same is not adequate in extremely dry weather.

Sewage: Adequate. Institution has its own sewage disposal plant which is new. Condition is excellent. Has capacity for 2,000 individuals.

Power and Light: Institution generates its own power, which is D.C. There are 4 generators—50, 75, 100 and 150 K. W., respectively.

Laundry: Adequate. Addition can be made for further construction.

Storage Facilities: Adequate. Central storerooms located in basements of ward buildings W and X.

Mechanical Shops: Adequate. Could be located in the new Industrial Building, when and if same is built.

DIETARY DEPARTMENT:

Kitchen: One central kitchen which prepares food for patient population. Same is adequate. However, food preparation space is limited and addition should be contemplated.

Refrigeration: Inadequate. However, new refrigeration plant was built in 1938.

Dining Rooms: Three congregate dining rooms, one of which is cafeteria style, and the other two can be converted into a cafeteria arrangement at a later date at very little expense.

PATIENT BUILDINGS:

Admission Unit: None. Patients are usually admitted directly to various wards.

Hospital: One. Newly constructed in 1938. Adequate for patient population.

Disturbed Units: One, which is known as "J" Building. Not fully equipped as such.

Tuberculosis Unit: One building, fireproof, one-story, brick. Facilities are not adequate, and an addition can be made to this building for the treatment of institution's tubercular patients.

Infirmery: One building, having a capacity of about 25 patients.

Continued Care Unit: Adequate for present population.

Isolation: None.

Administration Building: One two-story brick building. First floor contains administrative offices and second floor is devoted to apartments and rooms for the personnel. This building was constructed in 1931.

Recreational and Occupational Buildings: One auditorium; capacity 450. Adequate for the present population. O.T. groups are located in two basements of the ward buildings. No library facilities for patients.

HOUSING:

Staff:

Superintendent: The Superintendent's house, which is constructed of brick, is adequate in size and arrangement.

Physicians: Two homes for physicians at present, which are adequate as to size and arrangement.

Employees: Two-story brick, fire-proof building, constructed in 1938. Capacity, 104 employees. Modern, well-constructed and sufficient for the present needs of the institution.

MAINTENANCE:

Plumbing: Satisfactory.

Wiring: Satisfactory in all buildings except Wards D, G, H, J and F.

Fire Protection: Fire lines pressure 50 to 135 pounds. Municipal departments adequate.

NEEDS:

Urgent: This institution has its own water works, which is in good condition, but for the past two summers there has been a scarcity in the source of supply. A study should be made by a competent person or group, with a view to acquiring an additional source of supply.

Present: 1. Present facilities of the hospital should be improved by remodeling dining rooms, known as K-1 and K-2, to cafeteria service. Install refrigeration and freezing system and enlarge present plant. Change vegetable preparation room to the building now used as a bakery.

2. Construction of a bakery.

3. Add wing to Tuberculosis Building.

Future: Construction of Ward S, which will complete the block plan of this institution as developed in 1938.

COMMENTS: This institution was originally planned for a population of 500. Since that time, it has expanded to almost 1,100. This additional expansion has been taken care of by the construction of Wards N, P, Q, W, X, and the hospital building known as R. The hospital has a population which is known as the criminally insane, insane convicts and civil cases, these being patients who

are committed by court from other institutions. The topography of the land on which the hospital is located does not lend itself to the enlargement of the institution to over 1,500 patients. When this institution reaches a population of 1,500, some consideration should be given as to the separation of the criminally insane from the insane convicts, and the construction of a new institution, located perhaps in the central part of the state, wherein would be housed the convict insane.

HARRISBURG STATE HOSPITAL

Authorized: 1845.

Opened: 1851.

Board of Trustees:

Address

1. William C. Freeman, President	Cornwall
2. George W. Reily, Vice-President	Harrisburg
3. George R. Bailey	Harrisburg
4. George Lloyd, Secretary	Mechanicsburg
5. W. P. Dailey, M. D.	Steelton
6. Spencer G. Hall*	Harrisburg
7. Mrs. William N. Hardy	Harrisburg
8. Mrs. Leslie McCreath	Harrisburg

* On military leave.

Present District:

Counties: Adams, Bedford, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Mifflin, Perry, York.

Population of District: 926,452.

Area of District: 7,930 square miles.

Total Property Value: \$3,980,000. (Exclusive of G. S. A.)

Population of Hospital June 1st: 2,425.

Department Rated Capacity: 2,019.

Overcrowding: 406.

General Statement: Located on edge of city of Harrisburg, on an elevation of land, surrounded by suburban developments. Possibilities of satisfactory expansion on present site limited. Expansion of city around hospital makes expansion less desirable.

UTILITIES:

Water Supply: Municipal supply; adequate; good pressure. Requires no reservoirs. No limit to expansion.

Sewage: City lines capable of indefinite expansion.

Power and Light: Self-produced. New power plant operating under present capacity and capable of at least 30% expansion.

Laundry: Adequate in size for expansion to 3,000 patients, although requiring additional equipment.

Storage Facilities: Adequate but not concentrated.

Mechanical Shops: Inadequate, distributed through basements.

DIETARY DEPARTMENT:

Kitchen: New dietary building adequate for present load and capable of moderate expansion.

Refrigeration: Adequate for present load but inefficiently designed.

Dining Rooms: One large cafeteria for 50% of patient population. Seven ward dining rooms can be reduced by installation of cafeterias.

PATIENT BUILDINGS:

Admission Unit: Two small ward buildings with capacity of 50 each. Inadequate and unsatisfactory.

Hospital: Modern; 80-bed; well equipped. Adequate for population up to 3,000.

Disturbed Units: Old buildings poorly designed and equipped.

Tuberculosis Unit: Adequate for expansion up to 3,000; well equipped. At present only 60% used because of personnel shortage.

Infirmery: Older building; 2-story; large wards; reasonably adequate.

Continued Care: Old buildings (30 to 50 years), need more ward construction. Wards 9 and 10, male and female, over 60 years old and furnish fire hazard.

Isolation: No satisfactory provision.

Administration Building: Fifty years old but reasonably adequate. Contains living quarters for superintendent and physicians.

Recreational and Occupational Buildings: Chapel capacity 450; inadequate. Should be replaced by modern recreational building.

HOUSING:

Staff:

Superintendent: Apartment on third floor of Administration Building. Should have home.

Physicians: Four homes of recent and adequate construction. Others inadequate one- and two-room apartments.

Others: Houses for farm employees adequate. Farm manager's house too small.

Employees: Some living on wards. Rooms in Employee's Building too small. No adequate provision for married couples.

MAINTENANCE:

Plumbing: Well maintained. Heating system in older buildings needs revamping.

Wiring: Buildings partially rewired; fixtures antiquated and inadequate.

General: Average, outside painting and floors need attention.

Fire Protection: City of Harrisburg; adequate; good fire loop with 85-pound pressure.

NEEDS:

Urgent: Rewiring in several buildings.

Present: Two additional buildings for care of acutely disturbed. Admission unit.

Pasteurization plant.

Industrial Building.

Superintendent and staff houses.

Enlargement of recreational building.

Future: New employees' buildings. Present ones to be used for convalescent patients.

Additions to infirmary wards.

Relocation of laboratory.

Milk room at dairy barn.

COMMENTS: This institution has auxiliary facilities which can take additional load. Water and sewage capable of indefinite expansion. Terrain does not lend itself to any considerable building program and value of suburban lands restricts farm expansion.

HOLLIDAYSBURG STATE HOSPITAL

Opened: As state institution, 1941.

Board of Trustees: None.

Present District:

County: Blair County.

Population of District: 140,358.

Area of District: 530 square miles.

Total Property Value: \$450,000 approximately.

Population of Hospital June 1st: 343.

Department Rated Capacity: 255.

Overcrowding: 88.

General Statement: Hospital located a mile from town of Hollidaysburg. Good access by road. Terrain hilly country, fair farming land, presents some problems of building location because of hills.

UTILITIES:

Water Supply: Private and municipal. Private supply inadequate. Water lines badly deteriorated. Public supply from Altoona City satisfactory.

Sewage: Empties in Hollidaysburg sewer. Adequate for present needs and moderate expansion.

Power and Light: Heating plant inadequate and in poor condition. Maximum pressure 80 pounds. Hand fired. Buy current from public utility.

Laundry: Handles present load; could not expand work materially.

Storage Facilities: Poor, scattered.

Mechanical Shops: Inadequate.

DIETARY DEPARTMENT:

Kitchen: Adequate for present load; capable of 10 per cent expansion.

Refrigeration: Inadequate.

Dining Rooms: Adequate for present needs and in good condition.

PATIENT BUILDINGS:

Admission Unit: Only one building where all types of patients, including infirmary and tuberculous patients are kept.

Recreational and Occupational Buildings: Poorly located auditorium on second floor with unsatisfactory exits. Adequate only for present needs.

HOUSING:

Staff:

Superintendent: Inadequate apartment in Main Building, second floor.

Physicians: Small apartment on third floor.

Employees: Housed in unsatisfactory frame building, unattractive.

MAINTENANCE:

Plumbing: Fair to poor.

Wiring: Antiquated.

General: Fair to poor.

Fire Protection: Connection with municipal companies.

NEEDS:

Urgent: Better housing for employees.
New heating plant.

Present: Purchase of County Home property.
Construction to care for at least 700 additional patients.
Should include Admission Building: hospital infirmary with tuberculosis isolation wards. Removal and better construction of barns. New and enlarged auxiliary facilities: laundry, bakery, storage, etc.

Future: Round out to a 1,500 bed hospital, with full treatment and care facilities.

COMMENTS: Present main building is of value but requires extensive repairs. Rest of property has little intrinsic value except for temporary use. Unable to give more than fair custodial care at present. If it is to be kept, should be rapidly built into an efficient unit for 1,500 patients with all facilities available. Location makes possible development of a district cutting down size of Warren, Danville and Harrisburg Districts and relief to Torrance.

MAYVIEW STATE HOSPITAL

Opened: Operation by Department of Welfare: 1941.

<i>Board of Trustees:</i>	<i>Address</i>
1. Mrs. Enoch Rauh	Pittsburgh
2. Miss May Kenny	Pittsburgh
3. Mr. Ralph D. Hoffman	Carnegie
4. Dr. John P. Henry	Pittsburgh
5. Albert G. Kaufmann	Pittsburgh (Brentwood)
6. William V. Swearingen	Oakdale
7. Robert N. Wadell	Pittsburgh
8. Ralph W. Peacock	Washington
9. James P. McCune	Ellsworth

Present District: City of Pittsburgh.

Population of District: 671,659.

Area of District: 365 square miles.

Total Property Value: \$9,000,000.

Population of Hospital June 1st: 3,005; on parole, 213.

Department Rated Capacity: 2,232.

Overcrowding: 33% or 773.

General Statement: Situated about 18 miles from the City of Pittsburgh. Formerly Pittsburgh City Home and Hospital; some indigent city patients still occupy buildings, and facilities of the two hospitals are confused. This hospital has acquired an unenviable reputation in this area as a "poor house." In recent years the quality of care has deteriorated and the 1943-44 personnel shortage has added to the burden.

UTILITIES:

Water Supply: South Pittsburgh Water Co. Supplies 1,300,000 gallon reservoir.

Sewage: Many sewers overloaded, too small, condition poor. No disposal plant, sewers enter into Chartiers Creek.

Power and Light: Eighteen hot water generators; originally stone-lined; lining should be repaired or relined. Two 800 KVA power generators, A.C., in good condition. Generate own electricity with emergency connection to West Penn Power Co.—adequate. Ground lighting system adequate. Four boilers, of which three are in good condition. Generally inadequate.

Laundry: Adequate, local repairs necessary.

Storage Facilities: One warehouse building. Inadequate (?).

Mechanical Shops: Located in basement of ward buildings, blacksmith in power plant.

DIETARY DEPARTMENT:

Kitchen: Thirteen serving kitchens. All food is prepared in main kitchen and distributed. Inadequate and unsatisfactory. Poor distribution method.

Refrigeration: 65-ton capacity in main refrigeration plant. Adequate.

Dining Rooms: Seven congregate and two ward dining rooms; all inadequate.

PATIENT BUILDINGS:

Admission Unit: Two—male, 138; female, 114. Reinforced concrete and brick.

Hospital: No separate buildings. Wards on which senile and medical-surgical cases are mixed.

Distributed Units: Two—male, 801; female, 832. Reinforced concrete and brick.

Tuberculosis Unit: Patients are transferred to nearby Woodville State Hospital.

Infirmery: Two—male, 232; female, 209. Sheet-iron buildings.

Continued Care Unit: Two, for working patients. Male, 454 female, 307. Brick.

Administration Building: No separate building.

Recreational and Occupational Buildings: One brick building, with capacity of 50 patients, not adequate; four rooms for occupational and industrial therapy, off wards. Library for patients, 6,000 volumes, in city building. Three recreation buildings with total capacity of 1,750. Two auditoriums, capacity 750 and 500, located in city building.

HOUSING:

Staff:

Superintendent: House; adequate.

Physicians: Five homes and two apartments. Insufficient number if staff were filled.

Others: Steel and brick buildings for nurses and attendants. These would be insufficient if all positions were filled and employees were living on the grounds.

MAINTENANCE:

Plumbing: In poor condition.

Wiring: In poor condition.

General: Overhauling necessary.

Fire Protection: Alarm system adequate. Portable fire extinguishers in good condition. Fire company located on grounds—monthly payment to city for service. Two steel fire escapes and two fire towers.

NEEDS:

Urgent: Correction of faulty maintenance items; including dietary needs.

Acquisition of all city property.

Enlargement of kitchen facilities.

Replacement of N-1 and S-1; three-story non-fire resistant buildings.

Present: Admission building.

Replace temporary sheet-iron infirmary buildings.

Administration Building.

Future: Industrial building.

Recreation Building with auditorium.

COMMENTS: The fundamental need is the acquisition of the city property. This will provide hospital and some infirmary facilities. Sufficient quarters for employees and room for 100 continued care cases.

Tuberculosis cases should be transferred to Woodville. Woodville's surgery should be done at Mayview when hospital building is acquired.

NORRISTOWN STATE HOSPITAL

Authorized: 1876.

Opened: 1880.

Board of Trustees:

Address

1. E. L. Brendlinger	Norristown
2. Philip L. Corson	
3. Mrs. Rhoda R. Crooks	Norwood
4. Miss Nancy P. Highley	Norristown
5. William Y. Hunsberger	Souderton
6. Miss Esther M. Lee	Philadelphia
7. George W. Miller, M. D.	Norristown
8. George B. Passmore	Oxford

Present District:

Counties: Bucks (southern half), Delaware, Montgomery.

Population of District: 653,860.

Area of District: 977 square miles.

Total Property Value: \$5,953,644.26 (cost).

Population of Hospital June 1st: 4,381.

Department Rated Capacity: 3,853.

Overcrowding: 528.

General Statement: Entrance to the hospital grounds is from Stanbridge Street in the Borough of Norristown, Montgomery County. The greater part of the hospital grounds is in Norristown Township, and the location of the hospital is in the Philadelphia metropolitan area, which is one of the most rapidly growing regions of Pennsylvania. The land is for the most part of the rolling type, and no special points are to be emphasized, except that it is in conformity with the rest of the region.

UTILITIES:

Water Supply: Both public and private, the private source being artesian wells which are located on the hospital property, and the public supply coming from the Norristown Water Company. The water is distributed to the institution through pipes of various sizes from the institutional reservoir. It is adequate and is a safe supply of water.

Sewage: The sewers of this institution are inadequate; they are in fair condition. The institution has no sewage disposal plant of its own, the sewage being conducted directly to the sewer system of Norristown, at the corner of Stanbridge and Sterrige Streets. The lines of that system are not sufficient in size to permit the discharge into them of sewage from any further building construction. Therefore, either the lines of that system must be enlarged, or the hospital must install a sewage disposal plant. At the present time, the hospital pays the Borough of Norristown approximately \$4,700 per year for sewage disposal.

Power and Light: At the present time the institution generates most of its own power. It does buy some from the Philadelphia Electric Company. A.C. is used, and the institutional supply is adequate. Two 800 H.P. boilers were installed in 1938. Two 400 H.P. boilers still exist, which are not in an operable condition. Repairs sufficient to permit their operation for standby purposes will cost approximately \$40,000.

Laundry: Adequate as to present needs. Enlargement of the institution will of necessity mean the addition of new equipment. New 2,400-volt feed line needed to supply laundry.

Storage Facilities: Need a centralized warehouse; present building not designed for that purpose.

Mechanical Shops: Scattered through various basements of buildings, leading to inefficient operation. Should be more centralized.

DIETARY DEPARTMENT:

Kitchen: One main kitchen feeding 4,400 patients which is inadequate for present needs. Needs revamping and addition if construction is followed:

Refrigeration: Inadequate. Major refrigeration plant deteriorated and obsolete. Kitchen refrigeration inadequate and will need replacement.

Dining Rooms: Facilities are adequate. Four congregate dining rooms and a cafeteria for male working patients. These can be expanded for some additional load.

PATIENT BUILDINGS:

Admission Unit: One brick, four-story building. Capacity—75 male and 75 female patients; total capacity, 150. It is new, but rather cramped in style.

Hospital: None.

Disturbed Units: Two buildings, brick, two-story. Capacity: 157 male and 332 female.

Tuberculous Unit: Two brick, one-story buildings. Capacity: 72 male and 60 female.

Continued Care Unit: Sixteen buildings which are brick, one-story and two-story arrangements. These buildings were for the most part constructed in 1878 and 1879. Many of them need renovation and many should be razed.

Administration Building: Inadequate. Hospital is greatly handicapped by limited office space, and the interior should be reconstructed.

Recreational and Occupational Buildings: One large auditorium, adequate for present needs. Eight O. T. shops, located in four wards. One patient's library.

Norristown State Hospital has a high degree of overcrowding, but has approximately 2,500 patients belonging to Philadelphia State Hospital. If construction is rapidly carried forward at Philadelphia and patients are transferred, reconstruction of present patients' buildings and the construction of an infirmary and hospital will largely meet patient needs.

Buildings 1, 8, 11 and 12 are serious fire and health hazards and should be replaced immediately or rebuilt.

Opened: As state institution, 1938.

Address

- | | |
|----------------------------------|--------------|
| 1. Hon. George A. Williams | Philadelphia |
| 2. Louis C. Spring | Bristol |
| 3. George L. Alston | Eddystone |
| 4. Meade L. Barr | Philadelphia |
| 5. Earl D. Bond, M. D. | Philadelphia |

County: Philadelphia.

Population of District: 1,931,334.

Area of District: 135 square miles.

Total Property Value: \$11,307,808.85.

Population of Hospital June 1st: 6,048.

Department Rated Capacity: 4,523.

Overcrowding: 1,525.

General Statement: Philadelphia County, on U. S. Highway Route No. 1, seventeen miles northeast of City Hall.

Water Supply: Municipal. No limit.

Sewage: Institution owns its own sewage disposal plant which is inadequate and greatly in need of repair. Discharge is into Poquessing Creek, two miles above city water intake at Torresdale. No future expansion can be made unless addition is made to this plant.

Power and Light: All power is purchased from the Philadelphia Electric Company. No limit. Approximate rate 1/2 cent per K. W.

Laundry: Two plants inadequate as to size and arrangement. At the present time approximately 140 tons pass through these two plants per month. New laundry has been designed and location picked for same.

Storage Facilities: Inadequate. Central warehouse is needed.

Mechanical Shops: Located in one group. Adequate for present population.

DIETARY DEPARTMENT:

Kitchen: Two central kitchens greatly overcrowded. More kitchen space urgently needed.

Refrigeration: Inadequate. Scattered throughout various buildings.

Dining Rooms: Female side, four congregate dining rooms inadequate for present population. Male side: each ward building has its own dining room. Inadequate for present population. Dining room space urgently needed.

PATIENT BUILDINGS:

Admission Unit: On both female and male sides the hospital building is used as the Administration Building. One admission building urgently needed.

Hospital: One located on female side—capacity 80. One located on male side—capacity 135.

Disturbed Units: Two buildings used on the female side which are inadequate and not built for this type patient. On male side one building is used which is inadequate and not constructed for this type patient. One female and one male disturbed building urgently needed.

Tuberculosis Unit: One building known as "G" Building, with capacity of 133 patients. It is inadequate, poorly constructed. New tuberculosis unit needed. Infirmary, one on male and one on female side, which is also used as a hospital unit.

Infirmary: One on male and one on female side, which is also used as a hospital unit.

Continued Care Unit: One new building known as S-1 for working patients. Capacity, 429. Two new buildings for senile patients. Capacity, 510 each. Interior of the rest of buildings is in dilapidated and deteriorated condition. Large amount of repair and replacement necessary.

Isolation: None.

Administration Building: Located on the female side, two-story brick building which houses all administrative offices. Not adequate for present use. Construction of a new one must be met in the future.

Recreational and Occupational Buildings: Recreational facilities very meagre. Only one auditorium; capacity 200 patients; fire hazard. New one with seating capacity of 2,000 needed. *Occupational Therapy* scattered in various buildings. More centralization needed. *Industrial:* One industrial, was patients' building, converted recently for this purpose. Adequate.

HOUSING:

Staff:

Superintendent: Occupies home on hospital grounds, same being new and adequate.

Physicians: Housed in building known as Staff House, built in 1934. Condition is good. This building is broken up into various apartments and should be used only for single physicians. Nine new staff houses planned and are on paper. Consideration of building of same should be given after war.

Others: Male attendants housed in building on male side which is inadequate. Female attendants and nurses: three-story brick building. Female side, condition good. Need some repairs. Inadequate for future expansion of institution.

MAINTENANCE:

Plumbing: Steam lines and water lines on female side: some are fair, some good, and for some replacement is urgently needed. Male side: some buildings need replacement immediately, others fair.

Wiring: Cables on male side very bad; extremely hazardous. Female side: wiring only fair.

General: Maintenance problem as a whole at this institution is one that can be considered as very serious and considerable attention must be paid to the same in the near future.

Fire Protection: City Fire Department adequate. Pressure of fire lines, 75 to 100 pounds.

NEEDS:

Urgent: Construction of new Dietary Building—3,000 patients.

Renovation of Refectory Building, Cottage Group.

Renovation of Female Refectory Building, originally built to handle 1,000 patients, now serving 3,400.

Replacement and repair of steam lines, male side.

Passageway to N-6 and N-7.

Sewage disposal plant renovation and addition.

Tunnels and services, storm and sanitary sewers, roads and walks, North Group.

Roadway to Workers' Building, powerhouse, new garage, Nurses Home, and Southampton Road.

Hot water service to Workers' Building.

Renewal of steam return lines, Nurses'-Attendants' Home and Administration Building.

Present: Addition to power plant, female side.

Building for tuberculous patients, 540 capacity approximate.

Building for male disturbed patients, 500 capacity approximate.

Building for female disturbed patients, 500 capacity approximate.

Laundry, 70 pounds per patient per month or 350 tons per month.

Warehouse.

Auditorium. Seating capacity, 2,000 approximate.

Admission Building, capacity 524 approximate.

Female Nurses' Home.

Male Nurses' and Attendants' Home.

Addition to present Nurses' Home and conversion to use by female attendants. 80-bed addition. Capacity 260 approximate.

Future: Medical and Surgical Building, capacity 360 approximate.

Therapy Laboratory Building, capacity 280 approximate.

Administration Building.

Continued care units to bring up to 10,000 capacity.

COMMENTS:

Institution was originally owned by the City of Philadelphia and was taken over and placed under State operation on October 23, 1938. At the time it was acquired by the Commonwealth of Pennsylvania many buildings were deteriorated, were what is known as "fire-traps" and constituted a great hazard. In building this institution, no attention was paid to functional use and material was used that should never have been placed in a mental hospital.

By 1941, just before the present building program started, this hospital showed an overcrowding of 180%. In September, 1941, the building program was started and since that time the Worker's Building, S-1 and two buildings wherein senile patients are to be housed, known as N-6 and N-7, have been completed. These three buildings have a comfortable capacity of 1,449 beds. The addition of these three buildings greatly reduced the overcrowded condition that existed at this institution. However, there is still existent an overcrowded condition that is hazardous and one that will have to be remedied in the very near future.

The buildings in the central group on the female side present a great problem as to what should actually be done with them. As built, they do not contain any day-room space and for the most part are brick walls with wooden joists. These buildings will have to be com-

pletely gutted and rebuilt inside. After being finished they will have a comfortable capacity of about 75 each. To keep them would only give a comfortable capacity in this central group of about 1,000 patients. If they are razed, then new buildings can be constructed which will give a comfortable capacity of about 2,500 in the same space of ground.

On the male side, the same problem exists in that these buildings will have to be completely gutted and divided up by partitions so they can be used functionally. It is the present thought of the administration that the male side be used for the continued custodial care type patient; the present female side, or that side west of the Boulevard, will become the active integral part of the hospital. The present building program and the plot plan, as made up, on which plan the new buildings were placed, has carried this thought out thus far. To revamp at this date would make it very uncertain for the future as to the hospital's functional use.

The committee is quite committed to the logic of a ten thousand-bed institution in the Philadelphia area. Not that that number is approved for the size of an institution, but that it realizes this would be the patient load of Philadelphia County and there are many obstacles in the way of multiplying hospitals for the Philadelphia District.

RETREAT STATE HOSPITAL

Acquired by State in 1941.

Board of Trustees: None appointed.

Present District:

County: Luzerne.

Population of District: 441,518.

Area of District: 891 square miles.

Total Property Value: \$2,500.

Population of Hospital June 1st: 1,120—110 on parole.

Department Rated Capacity: 1,175.

Overcrowding: None. 50 men in a wooden barn.

General Statement: An isolated, inaccessible, narrow strip of land along the east branch of the Susquehanna River with a hillside with no less grade than 20° to nearest town, Glen Lyon, by a poor road. Hospital is approached from road, Route No. 11, by a primitive ferry or raft inoperable 70 days a year. Pennsylvania Railroad along hospital frontage runs one train to Wilkes-Barre at 5:15 P. M. and one down from Wilkes-Barre at 10:30 A. M. No bus service. Employees practically locked in with adverse effect on labor situation. Possibilities are construction of a bridge or a road over the hill to the east to Glen Lyon, both expensive.

The ground available for hospital expansion is very limited, but would be relieved by moving slaughter house, canning department and greenhouse to west side of river where the farm of only 84 tillable acres is located.

UTILITIES:

Water Supply: Five wells to reservoir and standpipe. Capacity: 300,000 gallons. Very hard water. Chlorinated. Inadequate supply. Daily requirements are 350,000 gallons. Reservoir has less than one day's supply. Water costs \$10,000 per year. Water is the most vital matter to be considered in the future of this hospital. Most practicable plan is to pipe water from West Nanticoke.

Sewage: Direct into river through two sewer lines. No treatment.

Power and Light: Luzerne County Electric Corporation owned plant; D.C. current, 110 volts. Ground lighting system. Hospital lighting not complete. Emergency lighting from Luzerne County Electric Corporation.

Three power generators: 2 150 KWH; 1 75 KWH (D.C.); condition fair. One needs valve cases rebored and fitted with new valves. Generate 60% of power; 40% is purchased.

Heating Plant: Three 300 H. P. boilers. Very poor, inadequate, 35 years old. Serious situation in breakdown in winter. Stokers. Ashes removed by truck. Five hot-water generators—condition fair.

Laundry: Old equipment—inadequate for enlarged population.

Storage Facilities: No warehouse building.

DIETARY DEPARTMENT:

Kitchen: One main kitchen in service building for all patients and most employees.

One kitchen in receiving building for staff and certain employees.

Food by trucks through tunnels for service.

Main kitchen adequate. Staff kitchen too small.

Refrigeration: Inadequate, especially for expansion.

Dining Rooms: No congregate dining room. There are 11 ward dining rooms, one a cafeteria in receiving building for 100. Other dining rooms in various scattered wards. Dining rooms inadequate for men. Enlarged dining room space required for any expansion.

PATIENT BUILDINGS:

Admission Unit: One brick—for 50 male and 50 female patients. Total, 100. New and well equipped.

Hospital: None.

Disturbed Units: Two. Brick building for 75 male and 75 female patients. Total, 150. Unsatisfactory design. Not fire-resistant.

Tuberculosis Unit: Two wards, brick building. Capacity: 20 men and 20 women; total, 40. (Known to have 40 cases now.)

Infirmery: None.

Continued Care Unit: Two buildings for aged; brick, for 75 men and 75 women; total, 150. Aged, infirm and sick also in tuberculosis wards.

Convalescent Building: Two; brick, for 130 men and 80 women. Total, 210.

Isolation: None.

Administration Building: One brick; new; 1940; for 100 men and 100 women. Cost, \$350,000.

Recreational and Occupational Buildings: One brick building for 50 men and 75 women; total, 125. In general, recreational and amusement facilities are inadequate. An auditorium here will seat 1,200.

HOUSING:

Staff:

Superintendent: Satisfactory home.

Physicians: No homes. Apartments in patient buildings.

Others: Female nurses—no separate quarters—inadequate.

Male nurses—no separate quarters—inadequate.

Employees: Female attendants—2 brick dormitories—not sufficient. Male attendants—brick dormitory, section of ward—not sufficient. Administrative staff: rooms and apartments—not satisfactory.

MAINTENANCE:

Plumbing: Obsolete—poor repair in many places.

Wiring: Needs overhauling.

General: Poor, on account of age of hospital structures and utilities. Entire plant, except new Admission Building, shows lack of attention and no timely additions and alterations.

Fire Protection: Water pressure, 40-45 pounds. Can be raised to 75 by fire pump.

Fire alarm system. Portable fire extinguishers.

No municipal help available.

NEEDS:

Urgent:

1. Overhauling of heating plant. Most urgent. When done, it should provide for three 500 H.P. boilers and modern accessories.
2. New hot water line to connect heating plant to hospital buildings.
3. New steam and return line from power plant to certain buildings—not well provided for.
4. Additional water supply. Extension of lines from West Nanticoke has been suggested.
5. Construction of a hospital for 60 patients. The tuberculous should be transferred to Danville or other hospital.
6. Removal of slaughter house and cannery and green house to opposite side of river in farm area to make room for requirements designated as "Present."
7. Provision of pasteurizing plant—at farm, preferably.

Present:

1. Addition to wards for infirm and disturbed patients to provide for 200: 100 men and 100 women.
2. Addition to the two dormitories for men and women employees.
3. Additional dining room facilities for official class of employees.
4. Housing for nurses and official class of employees.
5. Addition to laundry and new equipment.
6. Additional dining room for men.
7. Homes for physicians and families.
8. Storehouse.
9. Refrigeration.

Future: Based on a 1,500-patient institution. If the general reconstruction of the Retreat Hospital is contemplated, the foregoing needs are interwoven with the needs here designated as "Future." Practically the whole project of reconstruction should be forward at the same time.

1. This will include the approach to the institution: a bridge over the river or a road to Glen Lyon. Unless this is done, there should be *no* improvements at Retreat except such hereinbefore designated as "Urgent" to keep the institution functioning.
2. Acquisition of additional farm land west of the river.
3. Removal of almshouse population is desirable.
4. General overhauling of other buildings and utilities as a matter of economic maintenance.
5. Improvement of interior roads.

COMMENTS: At best this is an extremely undesirable site. There are several good buildings, but they can be made accessible only by expensive bridge or road construction. The development of this hospital seems unwise and undesirable because of the costs involved and the undesirable location and lack of adequate adjacent farm land. The load can be eventually absorbed by Danville and Clarks Summit.

SOMERSET STATE HOSPITAL

Opened: Operation by Department
of Welfare began: 1941.

Board of Trustees: None.

Present District:

County: Somerset.

Population of District: 84,957.

Area of District: 1,084 square miles.

Total Property Value: \$847,353.82.

Population of Hospital June 1st: 465; on parole, 21.

Department Rated Capacity: 427.

Overcrowding: 38.

General Statement: Located near Somerset, Penna., reasonably accessible. On crest of hill—windswept. Good farming land. Formerly Somerset County Home and Hospital. Provides custodial care for patients of continued-treatment type (chronic). Some buildings and area still are used for county indigent patients.

UTILITIES:

Water Supply: Private, from springs and two deep wells. Central reservoir; 1,000,000 gallons. Hospital uses 83,000 gallons per day. Mains, pipes and fixtures in poor condition.

Sewage: Insufficient, in poor condition. Disposal—north of institution buildings, into small creek. Plant old; needs remodeling for any increase of population.

Power and Light: Three-phase A.C. in good condition. Adequate stand-by supply from Pennsylvania Electric Company. No ground lighting system. Adequate emergency lighting from power house. Three boilers, 500 H.P. total; fair condition; hand-fired, using soft coal from own mine; hand ash removal.

Laundry: Antiquated, inadequate.

Storage Facilities: Two. Not adequate.

Mechanical Shops: Includes coal mine averaging 6,000 tons per year.

DIETARY DEPARTMENT:

Kitchen: Two. Patients' kitchen cooks for approximately 525, including 67-70 inmates of County Home. In Women's Building.

Employees' for approximately 65 employees.

Refrigeration: One, in basement of Administration Building. Built in 1933. Adequate for present needs only.

Dining Rooms: Three congregate dining rooms: women, 165; men, 185; employees, 65. Not large enough and difficult to keep in sanitary condition.

PATIENT BUILDINGS:

Admission Unit: None.

Hospital: None.

Disturbed Units: None.

Tuberculosis Unit: None.

Infirmery: None.

Continued Care Unit: None.

Isolation: None.

Women's Building: Brick and wood. Capacity, 250. Fire hazard. Patients quartered on third floor.

Men's Building: Brick, wood joists. Capacity, 250.

Administration Building: Contains Superintendent's quarters; living quarters for one physician; auditorium; rooms for employees; dining room, etc. Fireproof; cement, steel and brick. Constructed 1935. Auditorium in Administration Building; capacity 400.

Recreational and Occupational Buildings: None.

HOUSING:

Staff:

Superintendent: Quarters in Administration Building—five-room apartment. Inadequate.

Physicians: Apartment in Administration Building.

Employees: Dormitories for attendants in Administration Building.

MAINTENANCE:

Plumbing: Poor condition. Heating system of questionable adequacy, in poor condition. Two hot-water generators, in good condition.

General: Fair.

Fire Protection: Alarm system inadequate. Sufficient portable fire extinguishers. Volunteer fire department of Somerset Borough is two miles away. Fire escapes—iron steps. Average pressure at fire fighting outlets, 35 pounds. Three hydrants. No hospital fire marshal.

NEEDS:

Urgent: Relocation of patients to reduce overcrowding and to reduce fire hazard, by transferring to areas now used for shops and storage.

Patients in Women's Building should be moved immediately.

New power plant.

Enlarged sewage disposal plant.

Correction of faulty water supply.

Present:

1. Acquire County Home property.
2. Additional patients' buildings.
3. Admission Building.
4. New laundry.
5. New butcher shop and slaughter house, kitchen and dining room.

Future:

1. Razing of worn-out patients' buildings.
2. Superintendent's home.
3. Sterilization and hot-water plant at dairy barn.
4. Chlorination plant, reservoir.
5. Employees' homes.
6. Hospital Building—with facilities for tuberculosis and isolation.
7. Homes for physicians and administrative personnel.

COMMENTS: This institution should be rapidly built up to 1,500-bed capacity to relieve overloading at Torrance. Building program should include development of admission, hospital and infirmary units and adequate storage space. Present Women's Building has no possibility of satisfactory reconstruction and should be evacuated and razed. None of present auxiliary services—laundry, power, sewage, butcher shop and bakery—are adequate for further expansion.

TORRANCE STATE HOSPITAL

Board of Trustees:

Address

- | | |
|-----------------------------------|---------------|
| 1. J. Kirk Renner | Connellsville |
| 2. R. E. L. McCormick, M. D. | Irwin |
| 3. James Gregg | Greensburg |
| 4. William Lipsie | Blairsville |
| 5. Michael Charley | Greensburg |
| 6. M. N. Neale | |
| 7. John McCormack | |
| 8. Col. William J. Huston | |
| 9. Miss Grace T. Elliot | |

Present District:

Counties: Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland.

Population of District: 1,475,554.

Area of District: 7,047 square miles.

Total Property Value: \$4,512,602.50. Plus G. S. A., \$1,641,021.90.

Population of Hospital June 1st: 2,472.

Department Rated Capacity: 1,670.

Overcrowding: 802.

General Statement: Located two miles from Blairsville, Penna., on a plateau surrounded by rolling country. On main line of P. R. R. Two miles off U. S. No. 22 highway. Buildings all relatively new, of brick construction, with flat roofs, gives factory-like appearance.

UTILITIES:

Water Supply: Mountain stream receiving dam; 3,500,000 gallon reservoir on grounds. Supply fails in summer. Fifty million gallon impounding reservoir essential.

Sewage: Satisfactory but inadequate for present load and allows for no expansion. Overload now nearly 50%. Sewage bed must be raised as part of Conemaugh River flood control project of the U. S. Engineers.

Power and Light: Self-generated. No reserve capacity. Pennsylvania Electric furnishes standby. No reserve capacity at present.

Laundry: Adequate for expansion to 3,000 at least.

Storage Facilities: Needs enlargement.

Mechanical Shops: Poorly located in various basements.

DIETARY DEPARTMENT:

Kitchen: Adequate for expansion to 3,000.

Refrigeration: Adequate for present load and moderate expansion.

Dining Rooms: Adequate. Located in Refectory Building.

PATIENT BUILDINGS:

Admission Unit: Adequate.

Hospital: Combined with admission unit. Inadequate for 3,000-bed hospital.

Disturbed Units: Three wards; inadequate.

Tuberculosis Unit: Two wards in present buildings; new unit required.

Isolation: None.

Administration Building: On first floor, admission building.

Recreational and Occupational Buildings: Auditorium, 750 capacity.

HOUSING:

Staff:

Superintendent: Adequate.

Physicians: Two homes; four small apartments on wards.
Unsatisfactory; more homes needed.

Employees: Need building for male employees. Nurses' home also needed.

MAINTENANCE:

Plumbing: Satisfactory.

Wiring: Satisfactory.

General: Average. Too much overcrowding.

Fire Protection: No fire line. All buildings slow burning; little hazard.

NEEDS:

Urgent: New tuberculosis unit—100 to 150 beds.
Complete west wing of Building V; 80 beds.
Revamp sewer system.

Present: Correction of water supply; new reservoirs.
Womens' Disturbed Building; 350 patients.
Male Attendants' Home; 100.
Housing for six physicians.

Future: Increase capacity of Farm Colony by 100.
Additional housing for six physicians.
100-bed hospital.
250-bed infirmary for males.

COMMENTS: Torrance is seriously overcrowded. Its building needs however, will be determined largely by the development of Somerset and Hollidaysburg State Hospital and by the development of an additional hospital for the western counties.

WARREN STATE HOSPITAL

<i>Board of Trustees:</i>	<i>Address</i>
1. Edward W. Johnson	Warren
2. Merle Deardorff	Warren
3. George Mason	Erie
4. Fred Fruit	Sharon
5. A. E. Booth	Bradford
6. R. R. Underwood	Knox
7. Harry H. Smith	Ridgeway
8. Chester Allen	Warren

Present District:

Counties: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, Warren.

Population of District: 766,873.

Area of District: 10,208 square miles.

Total Property Value: \$5,051,514.52.

Population of Hospital June 1st: 2,521.

Department Rated Capacity: 2,219.

Overcrowding: 302.

General Statement: Located in flat, narrow valley, three miles north of Warren, Penna. Land badly divided by Conewango Creek. No bridge; must use ferry. Good highway connections with district. Northern location. 120 day growing season.

UTILITIES:

Water Supply: Self-maintained deep wells, adequate for any expansion. Additional reservoir when full capacity is reached.

Sewage: Own plant; old; overloaded and needs revamping and enlargement.

Power and Light: Own produced. Direct current. Standby service. Conversion to alternating current should be considered.

Laundry: New; adequate for all projected expansion.

Storage Facilities: Should be increased.

Mechanical Shops: Partly adequate. Need extension.

DIETARY DEPARTMENT:

Kitchen: Five. Adequate for present load.

Refrigeration: Fairly adequate but should be enlarged materially with any expansion.

Dining Rooms: Cafeteria; adequate for present needs.

PATIENT BUILDINGS:

Admission Unit: Inadequate size. Should be converted to hospital, with new Admission Unit.

Hospital: Spread through other buildings.

Disturbed Units: Adequate for present. Excellent unit on female side.

Tuberculosis Unit: No adequate provision at present.

Infirmery: Unsatisfactory provision for feeble, old people.

Continued Care Unit: Old Kirkbride Building. Reasonably adequate.

Isolation: Separate unit. Adequate.

Administration Building: In Main Building. Reasonably adequate.

Recreational and Occupational Buildings: Inadequate auditorium. No separate indoor recreational facilities. O.T. is scattered through buildings.

HOUSING:

Staff:

Superintendent: Very adequate.

Physicians: Two brick; five frame. Moderately adequate. Need further buildings if staff is increased.

Others: Nurses' Home. Need additional building for affiliate nurse program.

Employees: Adequate for present population.

MAINTENANCE:

Plumbing: Average.

Wiring: Average.

General: Good.

Fire Protection: Average of twenty minutes required to get municipal help. Pressure fair.

NEEDS:

Urgent: Bridge and access to farm across Conewango Creek. Re-vamp sewage system.

Present: Admission Building—300.

Auditorium and Recreational Building.

Additional Employee building for affiliate nurses.

Future: New Dairy Barn.

Additional Continued Care Units for 500 patients.

COMMENTS: A well-equipped institution which requires considerable employee housing because of location. An admission unit is needed to round out operation and additional facilities for infirmary patients. Potential fire hazards in Main Building (three story) of substantial, but old construction—needs consideration.

WERNERSVILLE STATE HOSPITAL

Board of Trustees:

1. Solon D. Bausher
2. John K. Berk, M.D.
3. Margaret Hassler, M.D.
4. Howard S. Lewis
5. Stella Z. Livingood
6. J. A. Zook, M.D.
7. D. W. Martin, M.D.
8. Thomas Dove
9. Letitia Thrall Saylor

Present District:

Counties: Berks, Lebanon, Schuylkill ($\frac{1}{2}$).

Population of District: 428,691.

Area of District: 1,618 square miles.

Total Property Value: \$3,527,324. (G.S.A. not included.)

Population of Hospital June 1st: 1,859.

Department Rated Capacity: 1,597.

Overcrowding: 262.

General Statement: Located on main highway, seven miles from Reading; good farming country. Level land. Terrain lends itself to building expansion.

UTILITIES:

Water Supply: Private supply from springs and streams. Reservoir 750,000 gallons, less than two days' supply. Should be increased.

Sewage: New sewage disposal plant of adequate capacity.

Power and Light: Hospital plant needs revamping if expansion is to take place. One generator too small and out of service. Boilers can be replaced by ones of greater capacity.

Laundry: Inadequate; incapable of expansion. New building needed.

Storage Facilities: Adequate.

Mechanical Shops: Adequate.

DIETARY DEPARTMENT:

Kitchen: Adequate for moderate expansion.

Refrigeration: Adequate for present load.

Dining Rooms: Basement dining rooms in male buildings are unsatisfactory. Otherwise, dining facilities adequate for present load. Male congregate dining room needed.

PATIENT BUILDINGS:

Admission Unit: Satisfactory but capacity limited.

Hospital: No definite hospital unit.

Disturbed Units: None.

Tuberculosis Unit: Two buildings. Capacity should be increased.

Continued Care Unit: Two-story brick units for continued care.

Administration Building: Adequate for present load.

HOUSING:

Staff:

Superintendent: Apartment in Main Building.

Physicians: Three cottages.

Employees: One male and one female employees' home. Additional facilities needed.

MAINTENANCE:

Plumbing: In main, satisfactory. Heating system needs revamping in several buildings.

General: Fair.

Fire Protection: Reasonably adequate. Depends largely on local fire departments. Water pressure marginal but is reinforced by booster pump.

NEEDS:

Urgent: Kitchen—Dining Room unit for male service.

Present: Infirmary Building with hospital facilities.

Future: Additional water storage facilities.

Superintendent's Home.

Additional quarters for housing physicians.

Nurses' Home.

New laundry building.

Building for disturbed women.

Additional quarters for male attendants.

Continued care units to house projected population.

WESTERN STATE PSYCHIATRIC HOSPITAL

Authorized: June 23, 1931.

Opened: 1942.

Board of Trustees:

None. Directly responsible to Secretary of the Department of Welfare.

Present District: No specific district. Takes patients by transfer from other State hospitals in Pennsylvania.

Population of District: 9,900,180.

Area of District: 45,045 square miles.

Total Property Value: Not determined.

Population of Hospital June 1st: 109. (Floors 7, 8, 9, 10 in use; floors 5, 6, 11, 12 not in use for patients.)

Department Rated Capacity: 125.

Overcrowding: None.

General Statement: Located in an urban area with limited expansion possibilities (1 and 1/3 acres). Created for "the care, maintenance, and treatment of psychiatric patients selected by the Department of Welfare, and for research and the training of medical and other personnel in mental diseases, mental defects and their complications." Out-Patient Department authorized. Accessible. Part of the Medical Center of the University of Pittsburgh; functions with other departments of the University as School of Nursing, Department of Psychology.

UTILITIES:

Water Supply: City of Pittsburgh.

Sewage: City of Pittsburgh.

Power and Light: Duquesne Light Company.

Laundry: Adequate for present demand. (See Needs, Future.)

Storage Facilities: Limited, inadequate. (See Needs, Future.)

Mechanical Shops: Adequate.

DIETARY DEPARTMENT:

Kitchen: Adequate; main kitchen on 4th floor, now cooks about 900 meals per day. Each ward floor has its own serving kitchen; serving kitchens between each pair of employees' dining rooms.

Refrigeration: Limit of capacity.

Dining Rooms: For patients—adequate; each ward floor has separate dining-kitchen unit. For personnel—limit of capacity for present personnel. Four dining rooms of which three are cafeteria style.

PATIENT BUILDINGS:

Recreational and Occupational Buildings: Auditorium, capacity about 240, is sufficiently large; used for chapel, motion pictures and other assemblies. Occupational Therapy occupies most of 13th floor. Patients assigned to departments and shops for industrial therapy. Planned recreation away from Hospital, such as baseball games, walks, etc.

HOUSING:

Staff:

Superintendent: Apartment on 16th floor.

Physicians: Living space in the Hospital is at a premium. For employees with first grade maintenance there are available: on the 15th floor—one two-room suite; on the 14th floor—five two-room suites. For others: on the 17th floor, room and bath (for laboratory technician caring for animals); on 15th floor—two single rooms with baths (one reserved for emergencies as sick employees); on 4th floor—in east wing, nine rooms, in west wing, six rooms. Latter have group toilet and shower rooms.

Others: Student nurses temporarily housed on 11th and 12th floors until nurses' home is built.

Employees: Policy of the Hospital has been to encourage living out. In addition, this is necessary because of limited space in Hospital. Light demand for quarters in Hospital because of urban location. When Hospital is employing residents, most of living quarters will be used by them, especially on 4th floor.

MAINTENANCE:

Plumbing: Good.

Wiring: Good.

General: Good.

Fire Protection: City of Pittsburgh—good.

NEEDS:

Future:

1. Storage facilities will have to be increased as rooms now being used are small, widely separated and generally are inadequate. This can be accomplished, (a) by excavating into hill behind the Hospital; or (b) by providing additional storage space in proposed nurses' home.
2. The laundry at the present time is adequate but handicapped because of limited space. It would be possible to increase size of laundry by incorporating all or part of adjacent courtyard. When the demand on the laundry increased over the present, consideration must be given to this point.
3. Present dining room facilities for employees have reached the limit of capacity. Slight readjustment of kitchen equipment will be necessary for additional load. A much larger body of student and graduate nurses will necessitate providing additional dining room and possibly kitchen space. This can be taken care of in a nurses' home.
4. A nurses' home should be built to care for student and graduate nurses, with recreation, dining, and other rooms, possibly a kitchen and bake shop, additional suites for physicians and other employees, and an adequate apartment for Superintendent with needed facilities for official entertaining. The building of a nurses' home will free space for 68 patients.

WOODVILLE STATE HOSPITAL

Opened: Operation by Department
of Welfare began: 1941.

Board of Trustees:

Address

- | | |
|---------------------------------|---------------|
| 1. Mark Shields | Ross Township |
| 2. J. Russell Willison | Pittsburgh |
| 3. Ralph E. Flinn | Pittsburgh |
| 4. Eugene H. Kipp | Leetsdale |
| 5. Mrs. William B. McFall | Mt. Lebanon |
| 6. Mrs. James H. Duff | Carnegie |
| 7. Charles P. Howe | Tarentum |
| 8. L. D. Sargent, M.D. | Washington |

Present District:

Counties: Allegheny County except Pittsburgh non-tuberculosis patients and including tuberculous patients from Pittsburgh.

Population of District: 739,880.

Area of District: 365 square miles.

Total Property Value: \$6,519,465.42.

Population of Hospital June 1st: 2,509. On parole 254.

Department Rated Capacity: 1,928.

Overcrowding: 581.

General Statement: Located near the City of Pittsburgh, reasonably accessible. Formerly Allegheny County Home and Hospital. Some buildings on Hospital grounds are still used for county indigent patients—(800).

UTILITIES:

Water Supply: Both public and private. General water supply is from South Pittsburgh Water Company, for domestic use and fire protection. Storage reservoir 880,000 gallons, in need of repair. Private supply from drilled wells; water is softened, delivered into receiving tank and pumped to boiler house and laundry. Small closed reservoir 200,000 gallons. Cross-connection possible so that untreated water can enter storage reservoir (drinking). Present main reservoir should be repaired and enlarged.

Sewage: Untreated. Enters Chartiers Creek.

Power and Light: Heating system in fair condition. Twenty-five hot water generators. Three power generators—fair condition. Emergency lighting, Duquesne Light Company. Hospital power supply adequate for present buildings. Ground lighting system.

Laundry: Must be expanded and structural repairs made if Hospital is enlarged, and some repairs, as to floors, made regardless.

Storage Facilities: Warehouse Building, 4,400 square feet. Inadequate.

Mechanical Shops: In basements and old buildings. Not adequate.

DIETARY DEPARTMENT:

Kitchen: Four. Inadequate.

Refrigeration: Twelve refrigerators, 46,500 cubic feet, not adequate.

Dining Rooms: Not adequate. Eighteen ward and seven congregate.

PATIENT BUILDINGS:

Admission Unit: Not separate building. Capacity: male, 46; female, 37. Part of male and female units.

Hospital: Not a separate unit.

Disturbed Units: Not a separate building. Part of male and female units. Capacity: male, 140; female, 241.

Tuberculosis Unit: One four-wing building. Capacity: male, 151; female, 121.

Infirmery: Three female, two male. In same unit are acute medical and surgical cases with bedridden senile patients.

Continued Care Unit: Aged patients: male, 150; female, 300; no separate building. Convalescent patients: male, 70; female, 111; not a separate building.

Isolation: None.

Administration Building: Not separate.

Recreational and Occupational Buildings: Two buildings for Occupational Therapy. Four rooms in other buildings for O.T. Two buildings (brick) for recreation, capacity 300. Auditorium: capacity 300; inadequate.

Others: One main and three branch libraries, 3,000 volumes.

HOUSING:

Staff:

Superintendent: Home has insufficient bedroom space and no third floor. Inadequate.

Physicians: Two brick homes. Inadequate.

Others: Brick home for female nurses and others. Inadequate. No separate dormitory for male attendants and others; live in patients' buildings. Inadequate. No separate building for administrative employees.

Employees: Farm Manager—house. Steward—outside maintenance.

MAINTENANCE:

Plumbing: Poor condition.

Wiring: Poor condition.

Fire Protection: Alarm system inadequate. Fire Marshall—yes. Employees form a Volunteer Fire Department which is a member of local volunteer organization including 28 companies. Home-made fire truck; no pumper—general use. Soda-ash extinguishers on all wards. fighting outlets on low level—good; torium, barns and residences)—poor

NEEDS:

Urgent: Early attention to many inadequate mechanical and maintenance details especially water supply, fire protection, and fire alarm system.

Acquisition of County Home property.

Present: Additional tuberculosis units. This hospital should handle tuberculosis cases from Mayview as well as its own, requiring a 300 to 400 bed unit.

Remodelling and fireproofing of female building.

Hydrotherapeutic equipment.

Future: Staff Houses.

Renovation of power plant and heating service.

Administration Building.

Admission Building.

Increased patients' buildings and facilities, as kitchen and dining room, laundry, etc.

COMMENTS: Acquisition of present County Home property would do much to relieve overcrowding; at least two patient buildings would be available from this. Mayview should handle Woodville surgical cases. Present female building substantial, but requires fireproofing and third floor attic space should be evacuated. Present tuberculosis building plus adjacent contagious building should form nucleus of enlarged tuberculosis unit to care for Mayview and Woodville tuberculosis cases.

LAURELTON STATE VILLAGE

Authorized: 1913.

Opened: 1919.

Board of Trustees:

Address

- | | |
|------------------------------------|----------------|
| 1. Roy R. Finkle | Mifflinburg |
| 2. Mrs. Anna M. R. Horlacher | New Berlin |
| 3. Dr. Harold T. Garard | Lewisburg |
| 4. Harry C. Seebold | Sunbury |
| 5. Mrs. Martha Shuman | Northumberland |
| 6. Fred W. Maue | Shamokin |
| 7. Ralph Witmer | Selinsgrove |
| 8. C. Vincent Michener | Allenwood |

Present District:

Counties: Statewide.

Population of District: 9,900,180.

Area of District: 45,045 square miles.

Total Property Value: \$1,959,866.35.

Population of Hospital June 1st: 909.

Number of Beds: 815.

11%. 904 awaiting admission.

General Statement: Southwestern part of Union County on Route 45, at foot of Woodward Mountain. Attractive environment and rolling terrain sufficient for expansion. There are 1,413 acres—460 farming land; 62 garden produce; 14 orchard; 55 pasture; 785 timber land.

UTILITIES:

Water Supply: Private supply from mountain springs to reservoir, 400,000 capacity, one-half mile from grounds. Eight-inch pipe from reservoir to institution. Mains, pipes and fixtures—10% need to be replaced. Source inadequate in dry weather. Alternative source: creek 1½ miles—would need chlorination. Well prospects not good.

Sewage: Disposal plant 1/3 mile away. Chlorinated and disposed of in Laurel Run. Plant adequate for population of 2,000.

Power and Light: Purchased at \$890 per month. A.C. current. No emergency lighting.

Laundry: Adequate at present; one-story building and basement. First floor for sorting laundry, mending room, and occupational therapy room. Basement: sewing room, clothing department, and carpenter and paint shops.

Storage Facilities: Basement of building housing kitchen—capacity 300 square feet—very inadequate—six dilapidated frame structures, three of them old chicken houses; also used is a steam tunnel between the heating plant and the head house.

Mechanical Shops: Girls' industrial shop, tailor shop, shoe repair, beauty parlor and hair dressing home economics. Much outside work done, even concrete road building. Room space for mechanical shops in item under "Requirements—First Biennium."

Heating Plant: Two boilers 300 H.P.; 1 boiler, 500 H.P. Under-feed Riley Stokers—impractical because only a limited type and grade of bituminous coal can be burned, this coal being almost impossible to obtain. Ashes removed by steam syphon. Plant adequate now—will be inadequate when population reaches 2,000.

DIETARY DEPARTMENT:

Kitchen: One central kitchen with 12 cottage kitchens with only steam tables. All food prepared in central kitchen and carried by trucks to cottages. Canning of farm produce done in the kitchen. There is no cannery. Milk from herd pasteurized. Kitchen facilities inadequate for substantial enlargement.

Refrigeration: In basement and first floor of central kitchen; 8 cold storage rooms and ice machinery. Inadequate.

Dining Rooms: Three congregate dining rooms for staff and employees. Small dining rooms for inmates in the cottages, adequate.

PATIENT BUILDINGS:

Admission Unit: None. All new patients isolated for one month.

Hospital: Seventy beds; one ward for acutely ill, one ward for admission inmates, one ward for chronic inmates, one ward for tuberculous inmates.

Disturbed Units: None.

Tuberculosis Unit: In hospital. Fourteen beds at present. All positive reactors are X-rayed. Laboratory in hospital building.

Infirmery: None.

Continued Care Unit: None, other than cottages.

Isolation: In hospital.

Administration Building: Yes.

Recreational and Occupational Buildings: Parts of three buildings. One in laundry for quiet inmates; one-room cottage, #11, for troublesome inmates; one hospital solarium for quiet inmates. Auditorium excellent—1,450 capacity. Gymnasium, library, game room, recreation hall.

Others: Twelve cottages used—8 for quiet girls, 3 for troublesome girls, 1 for low grade girls.

HOUSING:

Staff:

Superintendent: House satisfactory.

Physicians: Apartments on second floor of Administration Building adequate for present staff.

Others: Female nurses, single room second floor of hospital and third floor of Administration Building. Inadequate.

Employees: Female attendants, third floor of patients' building. Inadequate.

Administrative staff: Single room on second floor of Administration Building. Adequate for present staff.

Dairymen's residence and chief engineer's residence adequate.

MAINTENANCE:

Plumbing: Fair condition. Mains, pipes and fixtures 90% fair; 10% should be replaced.

Wiring: Ground lighting system. Pole and cornice lights on building. Poles badly rotted. Inadequate.

General: Good condition.

Heating System: Fair. Hot water generated at heating plant.
Condition: 10 good; 8 fair; 4 poor.

Fire Protection: Mifflinburg Hose Company 9 miles away. Fire alarm system installed only in Administration Building, Linn Cottage, recreation hall, and cottage #11. Pressure at fire-fighting outlets 100 pounds.

NEEDS:

Urgent: Note: All except the urgent needs are subject to modification dependent upon action of Board in recommending an institution for feeble-minded in Central Pennsylvania or expansion of Laurelton for care of both sexes.
Auxiliary water supply—A necessity in dry weather.

Present: Three cottages for quiet girls.

One cottage for troublesome girls.

Install traveling grate stokers under two 300 H.P. boilers and one 500 H.P. boiler, and all necessary auxiliaries.

Equipment for generating power or other provision for emergency lighting. Present power purchase rate makes installation of own generators advisable.

Storage house for bulk supplies and utility shops in basement.

Remodeling of Earle Hall to provide occupational therapy.

Building for men's quarters and garage.

Future: Based on a capacity of 3,000.

Increased kitchen facilities, including refrigeration, bakery and storage of food supplies. A new building preferred, converting present kitchen to other use such as storage.

Slaughter house.

Three cottages for quiet girls, 87 capacity, each.

One cottage for troublesome girls, 74 capacity.

One school and industrial building.

Removal of the dairy to the Pursler farm.

Addition to the heating plant. 1,500 H.P. boiler needed for population of 2,000 near end of second biennium.

One staff house.

Addition to laundry equipment in present building when remodeling of Earle Hall has been completed.

COMMENTS: Detailed plans for the development of this institution are dependent upon a careful survey and decision as to the direction of its future expansion. Any expansion will necessitate proven and adequate potable water supply. Consideration will also have to be given to the rather remote location of the institution and the problems in obtaining and holding satisfactory employees, before determining on a program of broad expansion.

The problem of a specialized institution within the field of mental deficiency is one which requires some consideration and the thought expressed by many that the institution might be made into an institution for both sexes, is worthy of further consideration and analysis.

There is a waiting list of 904.

PENNHURST STATE SCHOOL

Authorized: 1903.

Opened: 1908.

Board of Trustees:

Address

- | | |
|-------------------------------|--------------|
| 1. Guy K. Knauer | West Chester |
| 2. I. DeVault Chrisman | Elverson |
| 3. Claude B. Wagoner | Spring City |
| 4. Rev. Daniel J. Dunne | Oxford |
| 5. Frank W. Shalkop | Collegeville |
| 6. John S. Galt | Glen Moore |
| 7. Ralph W. Ralston | Pottstown |
| 8. Haines D. White | |

Present District:

Counties: Entire eastern district of Pennsylvania (mostly east of the Susquehanna River).

Population of District: 5,738,045.

Area of District: 19,896 square miles.

Total Property Value: \$4,945,964.77.

Population of Hospital June 1st: 2,257.

Department Rated Capacity: 1,805.

Overcrowding: 452.

Waiting List: 1,532.

General Statement: Entrance to Pennhurst is from State Route 683, which connects State Route 23 and U. S. Route 422, through the boroughs of Spring City and Royersford. The institutional buildings overlook the Schuylkill River, which bisects the grounds.

UTILITIES:

Water Supply: Private. Six deep wells, seemingly adequate now and for future expansion. Water is distributed to the hospital by gravity system from reservoir of 500,000 gallon capacity. Emergency connection with Spring City water supply.

Sewage: Adequate. Condition is good except as noted. Institution has its own sewage disposal plant which is in general adequate and equal to the present population. Some repairs needed and outfall grade increased to prevent clogging.

Power and Light: Three power generators: two D.C., one A.C. Capacity: 1000 kw D.C., 150 kw A.C.; 300 kw A.C. Condition: 300 kw A.C. good; 150 kw A.C. fair; 100 kw D.C. very poor. Philadelphia Electric Company is used for emergency A.C. Equal to the present load. For increased capacity, further construction must be considered.

Laundry: Adequate for the present needs. Some new equipment should be added. However, size of the laundry prohibits same.

Storage Facilities: New central warehouse. Storage facilities are adequate at the present time. Central warehouse is needed.

Mechanical Shops: Scattered in various buildings. Need a centralized shop.

DIETARY DEPARTMENT:

Kitchen: Four kitchens: Colony kitchen, adequate for 900; Officers', 40; Staff, 15; Main kitchen, adequate for 1,500 people. Not adequately equipped.

Refrigeration: Adequate for the present population.

Dining Rooms: There are eight ward dining rooms, and four congregate dining rooms, which seem to be somewhat crowded for the present population.

PATIENT BUILDINGS:

Admission Unit: The hospital is used as an Admission Unit. Capacity: 200.

Disturbed Units: None.

Tuberculosis Unit: One, which is located in the hospital building. Has a capacity of 70 patients.

Infirmery: None.

Continued Care Unit: Fifteen buildings, with a capacity of 2,192 patients. Most of these are in fairly good condition. Some may need repairs.

Administration Building: One, which houses the officers of the administrative staff.

Recreational and Occupational Buildings: One auditorium, with a capacity of 800, in the basement of which is located a large canteen. Recreation consists of movies, church, athletics, boy and girl scouts, hikes, festivals, and crafts. O.T. is scattered through various parts of the institution, in various buildings. Include weaving, willow-ware, etc.

HOUSING:

Staff:

Superintendent: Superintendent lives in a separate residence which is adequate.

Physicians: No homes are supplied for physicians. They live in apartments in the Administration Building.

Employees: Administrative staff are housed in five farm houses which may be adequate for the present, but will need expansion at a later date. There are several homes scattered throughout the institution proper, housing the employees. The female and male nurses, female and male attendants, and teachers, reside in an apartment building which is adequate, but will not be so if institution is expanded. Several of the attendants are housed in patients' buildings.

MAINTENANCE:

Plumbing: In fair condition, but in several buildings repairs are needed.

Wiring: Fairly good. Fixtures are fair, but some buildings may need re-wiring.

General: Could be considered as fair, but need a larger maintenance force.

Fire Protection: Has six individual systems, never completed. Average pressure is 140 pounds. Depend on municipal fire departments, which are within ten minutes' run of institution.

NEEDS:

Urgent: Fire alarm system.

Additional cottage—girls' group.

Kitchen facilities in Hospital Building.

Correct ramp in Womens' Unit.

Present: Revamp and enlarge power plant.

Addition to hospital with provision for tuberculosis wards.

Enlarge laundry.

Cottages for physicians.

Buildings for at least 1,000 additional patients.

Enlarged school facilities.

Employees' building at Female Unit.

Future: Ward buildings to bring capacity up to 4,000 patients.

Increased sewage disposal facilities.

COMMENTS: This institution serves the most populous half of the state and most of the populous congested areas. Its waiting list is the largest in the State and it has a considerably smaller capacity than Polk in the western section. Its needs should therefore have primary attention. The ramp from the kitchen in the girls' unit is quite hazardous because of grade, and should be corrected before a serious accident occurs.

POLK STATE SCHOOL

Authorized: 1893.

Opened: 1897.

Board of Trustees:

Address

- | | |
|----------------------------|--------------|
| 1. J. V. Frampton | Oil City |
| 2. A. R. Newton, Jr. | Emlenton |
| 3. Mrs. Mary Alice Wheeler | West Hickory |
| 4. Blaine Harrington | Franklin |
| 5. C. Arthur Blass | Erie |
| 6. R. Bruce McKinney | Titusville |
| 7. John L. Morrison | Greenville |
| 8. John O'Donnell | Oil City |

Present District:

Counties: Western half of Pennsylvania—33 counties.

Population of District: 4,172,335.

Area of District: 2,017,323.

Total Property Value: \$5,121,607.

Population of Hospital June 1st: T. 3,192. M. 1,694. F. 1,498.

Department Rated Capacity: 3,320. Note use of 72 beds for boys, lost temporarily through fire at Lakeside on March 22, 1944.

General Statement: The Polk School is located in Venango County, approximately six miles west of the town of Franklin. The school is on U. S. Highway #62, being on a slight elevation, surrounded by sloping hills. General landscape gardening is excellent and the exterior of the buildings make a favorable impression.

UTILITIES:

Water Supply: Private, source springs and creek, collected in a reservoir with a capacity of 950,000 gallons. Daily use of water said to be 500,000 gallons. Inadequate water distribution system. Pressure variation from 20 to 70 pounds at outlets. Water chlorinated at pumping station. Needs separate fire lines.

Sewage: Disposal plant adequate for 4,000 persons but renovation and replacement needed.

Power and Light: Three generators. Capacity total 1,100 kw. (1—600; 2—250). Good condition. Emergency through Pennsylvania Electric Company for auditorium. Inadequate. Boilers: 4—562 H.P. each. Good condition. Use soft coal. Stokers. Ash removal by conveyor.

Laundry: Superintendent requests a new laundry building, in size sufficient to handle approximately 400,000 pounds of laundry per month.

Storage Facilities: Two buildings, total capacity reported 57,728 cubic feet. Regarded as inadequate. Superintendent would remodel old laundry for additional space.

Mechanical Shops: Several, and apparently adequate, with the exception of the carpenter shop. Superintendent suggests removal of carpenter shop to Cottage 9 after brick veneering same.

DIETARY DEPARTMENT:

Kitchen: Nine. One in each main group: Meadowside, Gardenside, Terrace, Sunnyside, Lakeside, Woodside, Hospital, Colony. Regarded at present as adequate but superintendent recommends renovation and replacement of the equipment of the general kitchen in the main group in the second year of his comprehensive program.

Refrigeration: One building. Not adequate. Will however, be prepared for 100,000 pounds frozen food. There is no cannery.

Dining Rooms: Ten in number. Capacity 500 each, of North and South side dining rooms, Main group. Sunnyside 400, others about 320 each. Apparently adequate.

PATIENT BUILDINGS:

Admission Unit: None. Patients apparently admitted and placed according to age, physical and intelligence level. Superintendent plans to adapt present hospital building for admission and dormitory purposes.

Hospital: Capacity for 295. Accommodating the ill and infirm of both sexes. In the basement are located the laboratory and rooms for extra-mural clinical examinations.

Tuberculosis Unit: None. Patients segregated and treated in the Hospital Building. Tuberculosis causes 30% of deaths. Incidence, according to Health Department survey, 2%. Superintendent plans to devote a special wing of the proposed new hospital building for tuberculosis cases.

Others: Buildings designated for various types according to intellectual level, physical disabilities, and the ability to work and care for themselves; e.g.:

Sunnyside: 400 working boys.

Terrace: 400 working girls.

Lakeside: 300 custodial, epileptic, and low-grade boys.

Gardenside: 300 custodial, epileptic, and low-grade girls.

The newest building, Meadowside, may be considered an infirmary for girls. A similar building planned for boys.

Administration Building: Main Building: center of original group. Offices, dining room, kitchen on first floor. Board room and quarters on second floor. Needs to be extended.

Recreational and Occupational Buildings: A fine auditorium. Also a small gymnasium in the main group. Facilities and use of same, apparently adequate: e.g., basketball, baseball, motion pictures, dances, pageants, etc. Numerous well-equipped school and occupational therapy rooms.

HOUSING:

Staff:

Superintendent: A modern substantial residence.

Physicians: Apartments in the various buildings, five being in patient's buildings, one in Administration Building. Not adequate.

Others: Farmer and gardener have only other homes.

Employees: Rooms scattered about in various patients' buildings, some located in separate wing or corridor.

MAINTENANCE:

Plumbing: Fair. Need revamping.

Wiring: A.C. 110, 4 wire, 3 phase. Condition good.

Fire Protection: Fire alarm system inadequate. Fire marshal is the mechanical director. Nearby fire companies available. Water pressure varies from 20 to 70 pounds. Meadowside entirely without hydrant first protection.

NEEDS:

Urgent: Revamp water supply distribution system, especially for fire protection.

Present: Renovate sewage disposal plant. Superintendent would like to secure the Farm Colony for 24 boys to be located near the new piggery without delay.

Future: New hospital building with wing for tuberculosis patients; remodel present hospital building for admission and dormitory purposes; new laundry building—using present laundry for storeroom purposes; Staff cottages; Boys' Infirmary (to correspond in general to Meadowside, the newest building, an infirmary for girls).

COMMENTS: A well-conducted, pleasingly planned institution, founded and continued on a tradition of cleanliness and order. It has had the advantage of the services of old-time employees in key positions. Employee situation, even in these difficult times, quite stable so far. Terrain permits indefinite expansion. There is a waiting list of 631.

SELINSGROVE STATE COLONY

Opened: 1929.

<i>Board of Trustees:</i>	<i>Address</i>
1. A. D. Gaugler, President	Middleburg
2. Dr. Edward A. Phillips, Vice-President	Milton
3. J. B. Parson, Secretary	Port Royal
4. Elmer Bashore	McAlisterville
5. Ralph Gaul	Walnut
6. Dr. Samuel F. Metz	Thompsonstown
7. Samuel H. Bubb	McClure
8. Mrs. Matilda Portzline	Selinsgrove
9. L. C. Buffington	Hummels Wharf

Present District: Whole State.

Population of District: 9,900,180.

Area of District: 45,045 square miles.

Total Property Value: \$1,126,543, exclusive of G.S.A.

Population of Hospital June 1st: T. 881—M. 645.—F. 236.

Department Rated Capacity: 855.

Overcrowding: 26.

Waiting List: 85. (Approximately 1,200 in institutions for mentally ill and mentally defective should be transferred to Selinsgrove.)

General Statement: Located on rolling country just beyond the town of Selinsgrove. Considerable tillable land, with a background of elevation upon which the Hospital Building is located. Also, the superintendent's and his assistants' residences, the reservoir and standpipe. A beginning has been made in tree planting, road building, and general landscaping, with effective results. The three original buildings are located on the lower level, the other groups on the elevated portions, with the exception of the male farm colony building.

UTILITIES:

Water Supply: Artesian wells. There is a standpipe, capacity 280,000 gallons; a reservoir, capacity 150,000. No chlorination. Pressure 50 pounds.

Sewage: Attached to town of Selinsgrove. Authorities have complained that the load is becoming too great. Sewage is delivered raw into Penn's Creek. There should be a sewage disposal plant without which there cannot be a further building program.

Power and Light: Two 500 H.P. boilers, using river coal, stoker fired, in good condition. Make own electricity. Two generators, one 300 kw., the other 200 kw. A.C. type adequate at present. Emergency lighting, through Pennsylvania Power & Light Company. Adequate and capable of expansion.

Laundry: Adequate.

Storage Facilities: Scattered.

Mechanical Shops: Cinder block buildings house a carpenter shop, electrical and plumbing shop, and a blacksmith shop.

DIETARY DEPARTMENT:

Kitchen: Seven. Modern equipment and adequate.

Refrigeration: Eleven units, modern and adequate.

Dining Rooms: Sixteen dining rooms. Apparently adequate. Make possible classification. A cafeteria in E group, capacity 40.

PATIENT BUILDINGS:

Admission Unit: None. Hospital Building used as admission unit.

Hospital: Well-equipped but rather small, considering the various present uses, i.e., admission, tuberculosis cases, and other physical illness cases.

Disturbed Units: Two. Capacity for men 55; for women 70. Planned as maximum security buildings, they have proved to be inadequate and rather flimsy, especially for the segregation of disturbed men.

Tuberculosis Unit: None. Five cases of tuberculosis cared for in the hospital building.

Infirmery: None, except hospital building.

Continued Care Unit: Most of the cottages, except the Hospital Building, may be so considered. However, some of them are designed for children and contain classrooms.

Isolation: None, except in Hospital Building. The Units for disturbed and continued care are provided with a few single rooms for the temporary seclusion of a disturbed patient.

Administration Building: Adequate. Containing offices, a Board Room, quarters for visitors, a dining room, and serving room.

Recreational and Occupational Buildings: Auditorium, capacity 750. For religious services, movies, plays, dances, and so on. Adequate.

Others: Various farm and industrial buildings.

HOUSING:

Staff:

Superintendent: Substantial brick house for superintendent.

Physicians: A brick house, similar to that of the superintendent is provided for his assistant.

A frame, remodelled farm house is available for another physician when he is secured.

Others: Various homes for other key employees.

Employees: Attendants, nurses and cottage help live in patients' buildings on separate floors. Fairly adequate.

MAINTENANCE:

Plumbing: For most part good.

Wiring: Modern.

General: Upkeep good except in buildings for disturbed patients, where there is more or less destruction.

Fire Protection: Good. Adequate fire alarm system and sufficient portable fire extinguishers. Supervisor acts as fire marshal. Selinsgrove town apparatus available. Buildings are modern and fire resistant.

NEEDS:

Urgent: A sewage disposal plant.

Future: Additional buildings for patients should be considered in a comprehensive building program to increase the capacity ultimately to 2,500.

In planning future buildings, consideration should be seriously given to the use of *ramps* instead of *stairs*. Superintendent emphasized the number of accidents due to patients having to go up and down stairs so many times.

More secure buildings should be included in the program in order that the Colony may be better prepared to receive and care for the more difficult types of cases, i.e., the violent and assaultive, the criminal, the ones inclined to leave without permission and become involved in community difficulties.

Ultimately, there should be better facilities for the segregation and treatment of tuberculous patients.

As children accumulate among the patients, it is probable that in time, better classroom facilities will be required, perhaps in a separate building.

Additional physicians' residences.

Building for employees.

COMMENTS: Criticisms are made by some visitors because the buildings are so far apart. This was definitely planned in order to separate the sexes, and the children from the adults, thus affording the maximum amount of freedom and ground parole for suitable patients.

The Colony shows definite progress, in spite of Board of Trustees difficulties, wartime personnel loss, and small medical staff—only two physicians, including the superintendent.

APPENDIX 7

SEWAGE DISPOSAL AT STATE MENTAL HOSPITALS

In the body of the report rendered by the Board, attention was invited to the unsatisfactory disposal of sewage at many of these institutions. The report referred to the fact that "untreated sewage is being disposed of in a number of instances into nearby streams in violation of the rules and principles of sanitation and that few sewage plants inspected are modern or adequate and require either extensive repairs or additions, or complete replacement."

It appears that the disposal of sewage at many of the hospitals is in violation of the Act of June 22, 1937, P. L. 1987, and is being carried on without permits or in violation of the policies under which the Sanitary Water Board is operating.

A report consequent upon the general inspection by the Board will be found in the Appendix relating to the inspection of each institution.

In addition to these reports of the Board's inspection, the following are extracts from reports and recommendations made by the Department of Health of a number of these institutions. It is understood that where no such report is given below, no inspection and recommendation by the Department of Health has been made to date. These reports, however, do not go back further than December, 1943.

ALLENTOWN STATE HOSPITAL

Report of the Board's Inspection:

Disposal plant on plot east of buildings overloaded—requires remodeling and enlargement or a new plant.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

The original sewage treatment works was built in 1914 and extended in the early twenties. At present the plant is heavily overloaded and many of the original units have become unserviceable.

At the request of the hospital authorities, we made a survey of the sewage treatment plant needs in June, 1943. Our report recommended that the plant be enlarged to provide for a future population of 2,500; provisions should be made for a new screen chamber; the abandonment of the existing primary tanks and the installation of new primary tanks, preferably of the Imhoff type; the present trickling filter be doubled in size, taking into consideration certain structural weaknesses existing at present; retention of existing chlorination facilities and final settling tanks; construction of new sludge drying beds of sufficient capacity to properly serve the institution, preferably with glass covers.

The above improvements are vitally needed because the present plant is not only overloaded but has certain structural defects.

CLARKS SUMMIT STATE HOSPITAL

Report of the Board's Inspection:

Disposal plant in fair condition. Located on the main road along front of hospital. Adequate for 1,500 beds. Complete treatment including chlorination.

DANVILLE STATE HOSPITAL

Report of the Board's Inspection:

Institution has its own sewage disposal plant which is adequate for present population.

EMBREEVILLE STATE HOSPITAL

Report of the Board's Inspection:

Inadequate disposal plant.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

The existing sewage treatment works needs to be revamped or enlarged either on the basis of the present population or in consideration of expansion.

FARVIEW STATE HOSPITAL

Report of the Board's Inspection:

Institution has its own sewage disposal plant which is new. Condition is excellent. Has capacity for 1,500 population, except settling basin, which is constructed for 1,000.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

The hospital has its own sewage treatment works, extended in 1937. At that time the population was approximately 1,000 and the new units were installed to accommodate 1,500. It was brought out at that time that the existing resettling basin is adequate for a population of 1,000 only, and since the plant is now serving a population of approximately 1,200, this basin should be enlarged by the addition of one unit. The new sludge bed should be covered. In 1937, it was recommended that a portable pump for removing sludge from the resettling basin should be purchased. This has not been done and the recommendation is herewith repeated.

HARRISBURG STATE HOSPITAL

Report of the Board's Inspection:

City of Harrisburg's lines capable of indefinite expansion.

HOLLIDAYSBURG STATE HOSPITAL

Report of the Board's Inspection:

Empties into Hollidaysburg sewer. Adequate for present needs and moderate expansion.

MAYVIEW STATE HOSPITAL

Report of the Board's Inspection:

Disposal direct into Chartiers Creek. Many sewers overloaded, the piping being too small. Condition poor.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

Sewage is discharged into the acid waters of Chartiers Creek. No improvements needed.

NORRISTOWN STATE HOSPITAL

Report of the Board's Inspection:

Sewage empties into sewerage system of Norristown. Sewers are inadequate but in fair condition. They are not of sufficient size to permit discharge into them of any sewage incident to further building construction. The hospital pays Norristown approximately \$4,700 per year for sewage disposal. Sewer lines must be enlarged or hospital provided with a sewage disposal plant.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

Sewage is disposed of into the Borough of Norristown's sewer system and we understand this arrangement is satisfactory.

PHILADELPHIA STATE HOSPITAL

Report of the Board's Inspection:

Sewage disposal plant inadequate and greatly in need of repair. Discharges into Poquessing Creek two miles above city's water intake at Torresdale. No further expansion can be made unless addition is made to this disposal plant.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

This institution has a sewage treatment works the effluent from which is discharged into Poquessing Creek approximately two miles above the city's water works intake at Torresdale. The Sanitary Water Board issued a sewerage permit on August 18, 1943, approving plans

for large necessary additions to the existing sewage treatment works, which additions were extending and modernizing the existing plant and to provide increased capacity and care for the additional load of sewage expected because of major building additions, of which only two or three units have thus far been constructed.

We understand that the proposed sewage plant additions have not yet been made because of the priority situation on critical materials, but these works should be constructed as soon as conditions will permit.

RETREAT STATE HOSPITAL

Report of the Board's Inspection:

Direct into river through two sewer lines. No treatment.

SOMERSET STATE HOSPITAL

Report of the Board's Inspection:

Insufficient—in poor condition. Disposal north of institution buildings.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

At present, all the sewage from the institution is conducted to a treatment plant consisting of septic tanks, dosing apparatus and intermittent sand filters. This plant has been in existence for many years and is not producing an entirely satisfactory effluent for disposal into a small run which is really a wet weather run and some complaint has been made to the institution authorities concerning the matter. This plant is at present carrying a slight overload and should be cleaned and rehabilitated and put in satisfactory operating condition.

If the institution is to be expanded, then the present sewage treatment works will not be adequate and will need to be extended or a new plant constructed.

TORRANCE STATE HOSPITAL

Report of the Board's Inspection:

Sewage system plant in satisfactory operation but inadequate for present population and allows for no expansion. Overload is now nearly 50%. The sewage bed must be raised as part of the Conemaugh River flood control project of the United States Army Engineers.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

The sewage treatment plant at this institution was designed for a population of around 2,000 and it is at present serving approximately 2,900. A preliminary general scheme of plans was considered in 1938 for expanding the plant but the work was never undertaken.

If the institution continues to grow or if there is any extension or addition to increase its capacity, then additional units of sewage treatment will have to be provided.

Furthermore, the institution authorities advise that if the Cone-maugh River flood control project is consummated by the United States Army Engineers, the present sewage treatment plant site would be under water at times of maximum elevation in the stream. If this occurs, then it may be necessary to find a new site for treatment works and construct an entirely separate plant.

WARREN STATE HOSPITAL

Report of the Board's Inspection:

Sewage plant old, overloaded, inadequate—needs revamping and enlargement.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

The original sewage treatment works at Warren State Hospital was constructed in 1913 and has been in operation since then. Plans were prepared in 1937 to enlarge and modernize the plant, which work was badly needed. Final detail plans were submitted January 17, 1938, but these did not include enlarging the trickling filter as was approved in the preliminary plans, or the building of an additional sludge bed. Some plant improvements were made in the fall of 1937 or early in 1938.

The permit approving the plans issued by the Sanitary Water Board contained a requirement for enlarging the sludge beds to provide an area of not less than 3,750 square feet and of increasing the capacity of the trickling filter as the load made necessary.

Part of the improvement work included the removal of the fine stone on the trickling filter and its replacement by new stone 1½ inches to 2½ inches in size with sufficient additional stone to bring the depth of the filter up to its original depth of 7 feet. Examination of the filter stone indicates it contains a considerable amount of material smaller than the minimum size specified.

The filter underdrains are precast concrete half-round tile. There has been a tendency for the underdrains to disintegrate but we understand that the contractor in his removal and replacement of filter stone used a power tractor type shovel and trucks on the filter. Possibly this has hastened the deterioration of the underdrains.

The filter media in the existing filter should be removed and screened and the fine material replaced with filter stone of satisfactory size. The filter media added should be purchased and installed to conform to the recommendations of the American Society of Civil Engineers for trickling filter media and its placement in a filter. The existing underdrains should be inspected and replaced where required, or preferably a better or more modern type of underdrains should be installed.

The plans for plant improvement which were approved, provided for the addition of a 30-foot extension to the trickling filter. This, if built, would provide for a population of about 4,000. Present population, 3,100. It would also bring the filter into proper balance with the other plant units and provide capacity for effecting a high degree of purification. Consideration should be given to such extension.

WERNERSVILLE STATE HOSPITAL

Report of the Board's Inspection:

Sewers on state property new—sufficient.

WESTERN STATE PSYCHIATRIC HOSPITAL

Report of the Board's Inspection:

City of Pittsburgh sewer system.

WOODVILLE STATE HOSPITAL

Report of the Board's Inspection:

Sewage untreated—emptied into Chartiers Creek.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

Sewage is discharged into the acid waters of Chartiers Creek and no improvements are needed.

RANSOM MENTAL HOSPITAL

Report of the Board's Inspection:

Disposal plant one-quarter mile from hospital. Five-inch pipe too small. Effluent chlorinated and discharged into river.

LAURELTON STATE VILLAGE

Report of the Board's Inspection:

Disposal plant one-third mile from hospital. Effluent chlorinated and discharged into Laurel Run. Plant adequate for population of 2,000.

PENNHURST STATE SCHOOL

Report of the Board's Inspection:

Institution has its own sewage disposal plant which, in general, is adequate for the present population. Some repairs are needed and the outfall grade increased to prevent clogging. General condition otherwise good.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, November 23, 1943, to the Secretary of Property and Supplies:

This institution has a fairly modern sewage treatment works. However, the existing digester when constructed was not a new unit but merely the conversion of 3 existing septic tanks. This has not functioned properly. Study should be given to the sludge digestion process, whether the institution is expanded or not. If expanded, then extension to the plant will be needed. The plans as approved provided 12 aerators and 4 final settling tanks but only 6 aerators and 2 final settling tanks were constructed.

Meanwhile, minor repairs are necessary at the sewage treatment works, such as (a) sewage flow recorder out of order; (b) return sludge indicator out of order; (c) sluice gates in aeration tanks need repairs; (d) valves in existing digester need repairs.

POLK STATE SCHOOL

Report of the Board's Inspection:

Disposal plant adequate for 4,000 persons, but renovation and replacement needed.

Report of H. E. Moses, Chief Engineer, Bureau of Sanitary Engineering, Department of Health, December 6, 1943, to the Secretary of Property and Supplies:

The sewage treatment works is a plant of complete treatment and was constructed in 1908. The primary treatment units were rebuilt in 1937 and are satisfactory except that the mechanical equipment, the screen cleaning mechanism and the flocculators are out in the open. This plant is in an exposed position on the top of the Allegheny Mountains, and plant operation experience has indicated the need for suitable housing for this equipment. There also should be a duplicate direct-connected blower and extensions to the flocculator drive shafts to overcome some trouble experienced with sewage working into the gear reducers.

The trickling filter was constructed as a part of the original sewage treatment works and was provided with native soft sandstone as a filter media. This stone on the surface of the filter weathered and eroded until there was much fine material on the filter which was found to be objectionable for efficient operation. Part of the 1937 plant reconstruction provided for removing the top course of disintegrated stone. Unfortunately, the contractor was permitted to use a power shovel, a bull dozer and trucks on the top of the filter to remove the disintegrated stone and to place the new stone. This heavy equipment crushed the top stone on the filter surface and consequently after the stone was removed and new stone placed on the filter, conditions were as bad as previously.

One of the difficulties at this plant over the years has been occasioned by sand from stone lodging in the filter underdrains, in the final settling basins and in the sludge withdrawal lines from the final

settling basins. It is reported that more difficulty has been experienced since the stone replacement than before. We were informed that it required three weeks recently to clean one of the final settling basins because of the difficulty of removing sand from the basins and the sludge line.

When plans were prepared for modernizing the primary units of this plant, consideration was given to replacement of all of the filter media but it was thought that replacement of the top stone would permit continuing present filter media for some years. It would seem that complete replacement is now indicated. If that should be done and the filter supplied with a durable media of proper size, meeting customary specifications, and put in place with care, this unit of the sewage treatment works should function efficiently and effectively for years to come. The existing plant has capacity without enlargement to provide for the institution for some years in the future, if suitably improved.

The trickling filter should be provided with new modern under-drains and repairs should be made to a considerable portion of the filter walls where they extend above the surface of the ground. The filter distribution system is adequate.

A worthwhile improvement would be the construction of a mechanically cleaned final settling basin to replace the two existing basins.

SELINGSGROVE STATE COLONY

Report of the Board's Inspection:

Sewage is delivered raw into Penns Creek. Authorities have complained that the load is becoming too great. There should be a sewage disposal plant without which there cannot be a further building program.

APPENDIX 8

PULMONARY TUBERCULOSIS AMONG PATIENTS AND EMPLOYEES IN MENTAL HOSPITALS

The influence of environment of mental hospitals in spreading infection of pulmonary tuberculosis has been mentioned in the body of this report, and specific recommendations made to control this disease by initial and periodic examinations of patients, those in attendance and other employees, by X-ray, and the segregation in special hospitals or wards of those showing clinically significant tuberculosis.

Vital statistics, clinical records and reports of investigations, including X-ray surveys, show that patients, attendants, and employees of hospitals for the mentally ill, feeble-minded and epileptic, constitute one of the most highly infected groups of the population. Some documented references relating to these statistics follow:

1. Death rate for tuberculosis in institutions controlled by the Department of Mental Hygiene of New York State was found to be approximately twelve times that of the general population.—Annual Report of the Department of Health, Division of Tuberculosis, of New York State, 1942.
2. Longview State Mental Hospital, Cincinnati, Ohio, showed a death rate among patients of 7 per thousand, or ten times that of the general population.
3. Fifty per cent of deaths in institutions for the feeble-minded, and thirty per cent of those in institutions for the insane, show tuberculosis as the cause.—Fishberg, Lea and Febiger, 1932.
4. Autopsy records show tuberculosis as the cause of 20 per cent of all deaths in mental institutions, and 51 per cent of the deaths of patients who died five years or more after admission in Minnesota institutions.—American Review of Tuberculosis, September, 1941.
5. New York State appropriated funds in 1941 for the purpose of investigating the evident prevalence of tuberculosis in institutions of the Department of Mental Hygiene. Of the 26 institutions of the Department of Mental Hygiene, 15 had been surveyed at the end of 1942. Of 57,201 patients, 2,479 cases of clinically significant tuberculosis were found by means of the X-ray, representing 4.3 per cent of the patient population. Among 11,818 employees, 147 cases of clinically significant tuberculosis, or 1.2 per cent, were discovered.—Annual Report of the New York State Department of Health, Division of Tuberculosis, 1942.

At the Binghamton State Hospital, an X-ray survey conducted for the purpose of comparing X-ray methods, using 14- x 17-inch and miniature films, 4- x 5-inch and 35 mm. films, revealed 6.3 per cent of pulmonary tuberculosis among the patients. The Eloise Hospital in Michigan showed preval-

ence of 6.2 per cent among 4,477 inmates, and 3.5 per cent among 1,200 employees.—American Review of Tuberculosis, September, 1941.

The Bureau of Tuberculosis Control of the Department of Health of Pennsylvania, started an X-ray survey in 1943 of the mental hospitals of the Department of Welfare. The 35 mm. film was used. The results of this survey to date show a somewhat lower rate of tuberculosis than the general reports throughout the United States have indicated. This will be seen in the following tabulation of 18,427 patients in eight institutions surveyed by X-ray as of July, 1944:

<i>Hospitals</i>	<i>X-rayed</i>	<i>Active %</i>	<i>Arrested %</i>	<i>Clinically Significant Tubercu- losis, %</i>
Harrisburg	2,550	3.53	.88	4.41
Wernersville	2,085	3.41	1.64	5.05
Warren	3,007	2.39	.82	3.21
Polk	3,141	2.45	.21	2.66
Mayview	2,944	2.47	1.45	3.92
Woodville	1,577	2.54	.63	3.17
Torrance	2,609	2.49	.86	3.35
Somerset	514	3.11	.60	3.71

These figures, taking into consideration the fact that the examination by the miniature film was in reality a screening procedure and that quite a number of the aged, infirm and bed cases could not be examined, would justify the Board's recommendation for hospitalization for the tuberculous of these institutions to the extent of 5 per cent of the patient population. It should be noted, furthermore, that the bed allowance of 5 per cent for the tuberculous would include accommodations for patients under observation and employees of these institutions.

The unrecognized case of tuberculosis in a hospital is a great danger. The "cause of admission" and the dominant clinical picture of the patient tend to lower our guard against this danger. This factor in the spread of tuberculosis is a substantial one which is now becoming recognized by the medical profession. Among nearly 5,000 patients admitted recently to general hospitals in New York for miscellaneous causes, the X-ray examination revealed 2.8 per cent were found to have reinfection tuberculosis of which 1.10 per cent were active and, therefore, infective. Most of these cases were unsuspected. The high rate of infection among nurses and attendants, including medical students and interns, is believed to be one of the results. This situation is leading to the development of a policy of subjecting every patient upon admission to a general hospital to an X-ray examination of the chest

with particular reference to tuberculosis. This procedure is especially called for at hospitals for mental conditions.

The Board's recommendations for the control of tuberculosis in institutions of the Department of Welfare for mentally ill, feeble-minded and epileptic provide for an X-ray examination of all patients upon admission, or as soon after as practicable and every two years thereafter and more frequent examinations of nurses, other attendants and persons coming in contact with ward patients.

APPENDIX 9

POPULATION TRENDS AND DEMAND FOR INSTITUTIONAL BEDS OVER A TEN-YEAR PERIOD

In projecting the number of needed beds for the mentally ill at a given time in the future, several factors must be taken into consideration:

- (1) The general level of population at various dates in the future;
- (2) The shift in population;
- (3) The trend toward the institutional care of the mentally ill, based upon
 - (a) The increasing urbanization of our general population;
 - (b) The easier accessibility to mental hospitals because of improved highway facilities;
 - (c) The improved character of care in our hospitals for the mentally ill, which encourages individuals to commit relatives earlier and with less anxiety.

To project the possible future population of Pennsylvania, at any given date, would require not only the gift of prophecy, but a thorough understanding of possible social and economic shifts that would come in a given period. In December, 1934, the State Planning Board of Pennsylvania issued a comprehensive survey, setting forth among other things, their estimates of future population. These estimates have been reasonably well substantiated by the events of the intervening ten-year period. The summarizing statement in the section on population is as follows:

"Pennsylvania's maximum population will be reached possibly between 1955 and 1960, with slightly more than ten million persons." We have therefore felt justified in taking the census figures of 1940 and assuming no radical change in the population levels of any given area. Undoubtedly, there will be changes, but since all hospital districts, except the definitely urban ones, contain a number of counties, it is probable that many changes will be nullified by compensatory changes in other counties.

We come now to a consideration of the demand of mental hospital beds per 100,000 of population. Pennsylvania's experience in the past two decades is shown in graphs I and II.

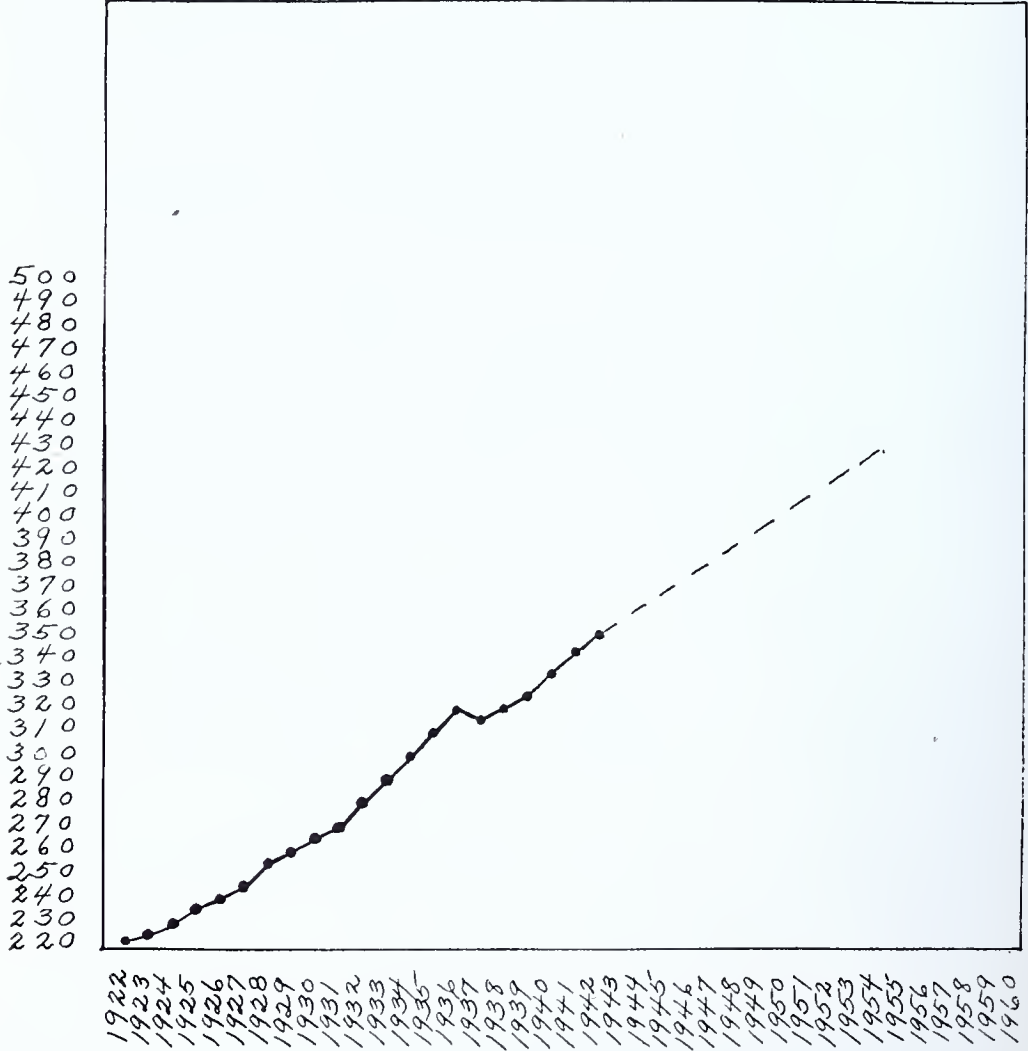
When the national institutionalization ratios are projected, considering the average institutionalization throughout the entire United States, a very similar figure is reached, as is shown in graph III.

ON THE BASIS OF THESE THREE GRAPHS, IT WOULD SEEM REASONABLE AND CONSERVATIVE TO PROJECT A NEED FOR 45,000 BEDS IN PUBLIC MENTAL INSTITUTIONS IN THE STATE OF PENNSYLVANIA IN 1954. This would be approxi-

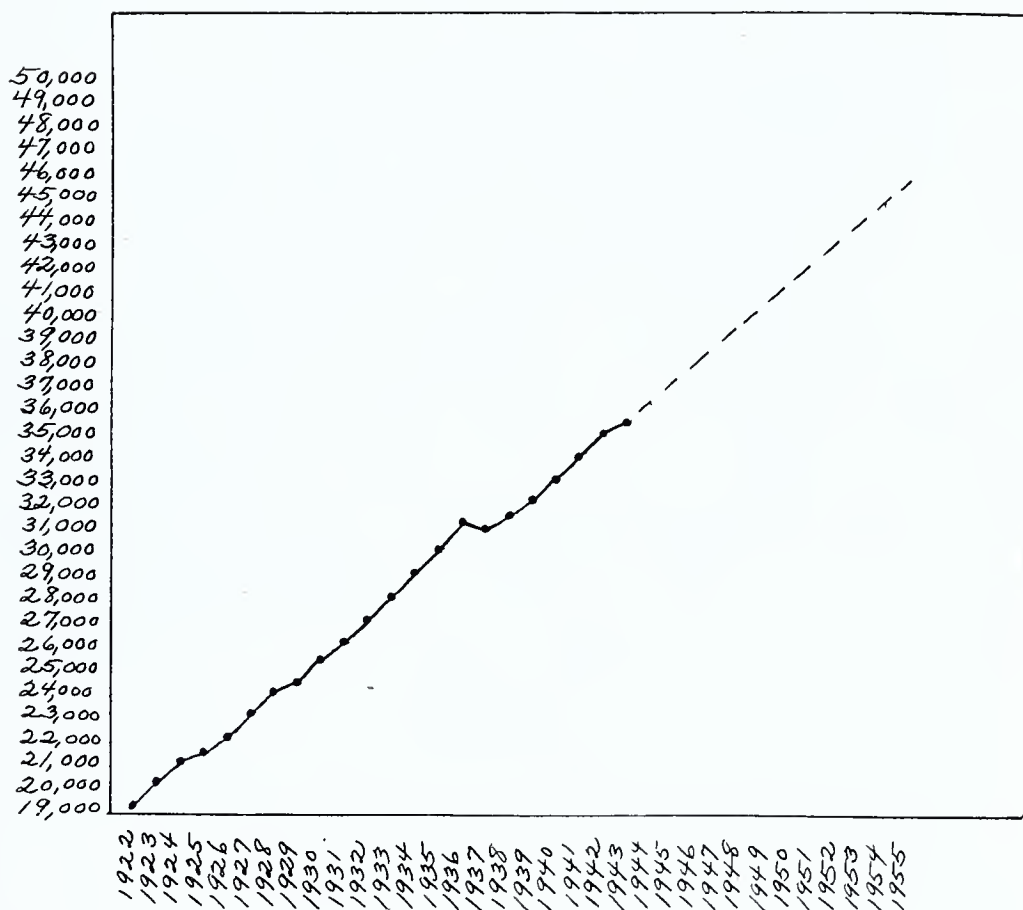
mately 450 beds per 100,000 of population. When this is compared with the present bed provision in the New England and Middle Atlantic states, it would seem that this estimate was, if anything, on the conservative side. See Table A.

It is generally conceded that there is a variation between the needs of the rural and urban population for hospital beds.

GRAPH I
 ACTUAL AND PROJECTED RATIO
 OF PATIENTS IN MENTAL HOSPITALS
 PER 100,000 OF POPULATION
 IN PENNSYLVANIA



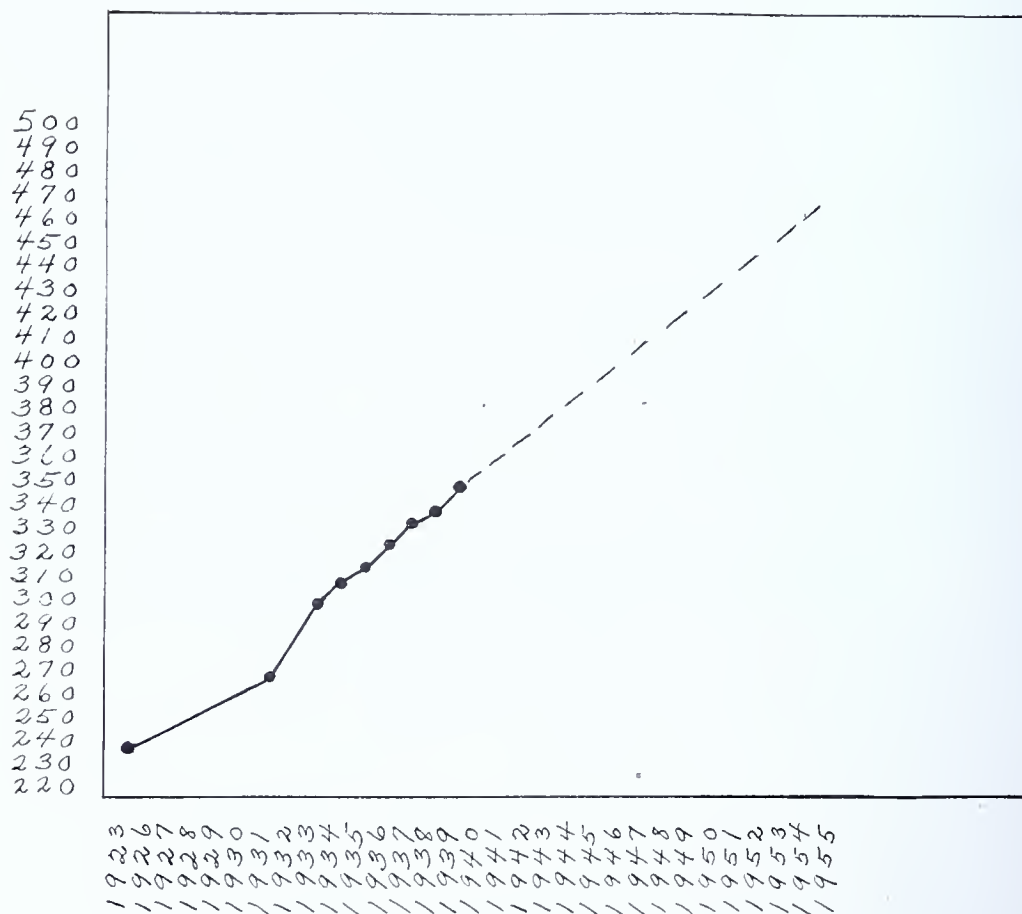
GRAPH II



POPULATION INCREASE IN COUNTY
AND STATE MENTAL INSTITUTIONS
IN PENNSYLVANIA

GRAPH III

PATIENTS IN ALL HOSPITALS IN U.S. FOR
MENTAL DISEASE
PER 100,000 OF POPULATION



APPENDIX 9

TABLE A

PATIENTS OF ALL HOSPITALS FOR MENTAL DISEASE AT THE BEGINNING OF THE YEAR BY DIVISIONS AND STATES: 1938

<i>Division and State</i>	<i>Patients in Hospitals Rate per 100,000 of Estimated Population 1938</i>
NEW ENGLAND	472.3
Maine	305.4
New Hampshire	400.6
Vermont	470.8
Massachusetts	541.1
Rhode Island	384.6
Connecticut	435.3
MIDDLE ATLANTIC	439.4
New York	544.8
New Jersey	383.7
Pennsylvania	329.0

Patients in Mental Institutions, 1938.

U. S. Department of Commerce,
Bureau of the Census.

APPENDIX 10

TABLE A-1

PATIENTS IN ALL INSTITUTIONS FOR MENTAL DE- FECTIVES AND EPILEPTICS AT THE BEGINNING OF THE YEAR BY DIVISIONS AND STATES: 1938

<i>Division and State</i>	<i>Rate—1938</i>
NEW ENGLAND	106.4
Maine	116.4
New Hampshire	100.6
Vermont	71.3
Massachusetts	130.9
Rhode Island	94.4
Connecticut	53.4
MIDDLE ATLANTIC	91.4
New York	119.2
New Jersey	84.3
Pennsylvania	58.9

Patients in Mental Institutions, 1938.

U. S. Department of Commerce,
Bureau of the Census.

APPENDIX 11

EXCERPT FROM REPORT OF THE COMMITTEE ON THE SURVEY OF STATE MENTAL HOSPITALS OF PENNSYLVANIA: 1933

BUILDING ESSENTIALS OF A MODERN HOSPITAL FOR MENTAL PATIENTS AS OUTLINED IN THE TEN-YEAR BUILDING PROGRAM OF THE DEPARTMENT OF WEL- FARE OF PENNSYLVANIA.

Admission Building: A special building or section for the reception of newly admitted patients is an absolutely essential element in a modern plant for mental patients. Here should be concentrated the facilities for the early diagnosis, and for the intensive study and treatment of patients. Such study and treatment shorten the hospital stay of many patients by quicker recovery and prevent many others from developing violent and destructive tendencies. The capacity should be sufficient to house five per cent of the patient population.

Special Hospital Building: Another essential feature is a special hospital building or section. It should be fully equipped with general hospital facilities to care for patients suffering from acute physical illness requiring special medical or surgical procedures. Prompt skilled medical and surgical treatment of physical ills often result in mental recovery. Accommodation should be made for two per cent of the patient population, with a section set aside for sick employees in addition.

Isolation Cottage: A small cottage should be provided for the isolation and treatment of contagious diseases which would accommodate at least one per cent of the patient population. Since epidemics are infrequent in mental hospitals, this building should be planned so that it may be used for other patients when not needed for contagious cases.

Cottages for the Tuberculous: Approximately five per cent of the patient population of the average mental hospital is suffering from tuberculosis. A cottage for each sex should be provided to promote their recovery by giving them the special treatment needed and preventing them from menacing the health of other patients and employees.

Accommodations for the Infirm: Fully twenty per cent of the accumulated population of a mental hospital is made up of the aged and infirm. Separate provisions should be made for these more or less helpless patients in a separate building or section for each sex.

Other Types of Accommodations: In the general scheme of a mental hospital there should be sufficient sections or buildings to permit adequate classification. Other classes to be provided for are the quiet cases needing prolonged treatment, comprising about twenty-eight per cent of the population; the disturbed, restless class, approximately sixteen per cent; the working patients, about seventeen per cent; the

epileptic, nearly five per cent; and the convalescent, about two per cent. Obviously, somewhat different types of construction are needed for these various classes of patients. These percentages are subject to variation, depending upon the type of construction, the age of the institution, and the nature of the district from which patients are received.

A special type of building for children should be provided at one or more hospitals in the state. Mental disease is being recognized at an earlier age today and, as a result, an increasing number of children are entering mental hospitals. Buildings for children should provide facilities for school work.

Colony Buildings: Colony buildings provide a more homelike atmosphere for patients in a condition to appreciate such surroundings. Farm colonies or cottages are appreciated by the patients who work on the farm and grounds, and such accommodations often promote recovery. Patients are generally maintained at such colonies at a lower cost per capita than prevails in the main group or institution proper.

Administration Building: A separate building should be provided to accommodate the executive, medical and business staffs and their records.

Assembly Hall and Chapel and Gymnasium: No mental hospital is complete without an assembly hall and chapel. Religious services, recreation and entertainment play important roles in the treatment and care of a mental patient, and a hall for such purposes is required. Either separately or in conjunction with such a hall, there should be a gymnasium. Physical health and vigor are great aids to the recovery of mental health. Such facilities will be in constant use, not only by patients but also by employees, and will promote a better morale throughout the whole institution.

Laboratory and Research Facilities: In addition to the various buildings and accommodations described, there should be adequate diagnostic, laboratory and research facilities. These might be provided in the admission building or by a separate unit.

ESSENTIAL PERSONNEL IN A MENTAL HOSPITAL ACCOMMODATING 2,000 PATIENTS AS RECOMMENDED BY THE COMMITTEE ON SURVEY OF STATE MENTAL HOSPITALS OF PENNSYLVANIA. (Distribution according to the 1932 Budget, Classification of Pennsylvania.)

Administration:

11. Executive office

- 1 Superintendent
- 1 Stenographer-Secretary or 1 Institutional Secretary
- 1 Steward
- 1 Assistant Steward
- 1 Accountant

- 1 Bookkeeper
- 3 Stenographers—Clerk A
- 3 Telephone Operators or assigned Clerks
- 1 Storekeeper
- 1 Assistant Storekeeper with other relief duties

Total 14

12. Garage

- 1 Mechanic (charge of motor equipment)
- 2 Chauffeurs

Care of Patients:

21. Nursing

- 1 Directress of Nurses or directress of attendants and such assistants and instructors as the regulations of the State Board of Examiners for the Registration of Nurses require. The number of supervisors, charge graduate nurses, graduate nurses, special nurses, head attendants and attendants may vary according to the building and ward layout of each institution. The total number of nursing and attendant force, including the staff of the school, should not exceed approximately the ratio of 1 person to every 9 patients in the institution. The total number of those engaged in the immediate care of patients should be subject to the approval of the Department of Welfare, since some hospitals may be so built that the general ratio should be exceeded while others may be adequately operated at a lower ratio.

Total 220, approximately

22. Pharmacy

- 1 Senior Pharmacist

23. Medical

- 1 Assistant Medical Superintendent
- 1 Director of Clinical Psychiatry
- 4 Senior Assistant Physicians
- 3 Assistant Physicians A
- 1 Pathologist
- 2 Assistant Physicians B
- 4 Stenographers

Total 16

24. X-ray

- 1 Technician
- 1 Assistant Technician—if work warrants and Department of Welfare approves

25. Hydrotherapy and Electrotherapy

- 1 Hydrotherapist
- 1 Assistant Hydrotherapist
- 1 Electro Therapist
- 2 Assistant Electro Therapists—if work warrants and Department of Welfare approves
- 1 Masseuse or 1 Masseur
- 1 Director of Physical Education
- 2 Assistant Physical Instructors

Total 9

26. Dental Therapy

- 1 Resident Dentist
- 1 Dental Hygienist
- 1 Assistant Dental Hygienist

27. Occupational Therapy

- 1 Chief Occupational Therapist
- 9 Occupational Therapists or Occupational Therapy Aids—if work warrants and Department of Welfare approves

Total 10

28. Laboratory

- 1 Pathologist
- 1 Technician
- 1 Assistant Technician

Auxiliary Activities:

31. Social Service

- 1 Director Social Service
- 2 Social Service Workers or at least 1 to every 100 patients on parole
- 1 Stenographer-Clerk

32. Clinics

- 1 Community Director or part-time service with the other members of medical staff as assistant clinical directors

33. Diversions

- 1 Musical Director

35. Library

- 1 Librarian

Household:

41. Housekeeping

- 1 Matron A and such Matrons B, maids and janitors as are required subject to the approval of the Department of Welfare

42. Laundry

- 1 Laundry Manager and such laundrymen, laundresses, and helpers as required, subject to the approval of the Department of Welfare

43. Dietary

- 1 Dietitian
- 1 Chief Cook and extra cooks depending upon the number of kitchens and approval of the Department of Welfare
- 1 Chief Baker
- 1 Baker
- 1 Butcher
- 12 Domestic workers and kitchen helpers
- 6 Waitresses
- 2 Institutional workers for pasteurization plant if required

Total 25 plus

Plant and Grounds:

51. Operation of Plant

- 1 Mechanical Director or Chief Engineer
- 1 Assistant Mechanical Director or Assistant Engineer
- 1 Chief Electrician and Assistant Electrician
- 4 Enginemen or Operating Engineers
- 5 Firemen and such additional firemen, journeymen and journeymen's assistants as may be needed, subject to the approval of the Department of Welfare

Total 12 plus

52. Care of Grounds

- 1 Florist
- 1 Garden hand or groundsman
- 1 Labor Foreman or Journeyman Assistant. Such police and night watchmen as may be necessary subject to the approval of the Department of Welfare

53. Repairs and Upkeep

- 1 Foreman Carpenter
- 3 Carpenters
- 1 Foreman Painter
- 4 Painters
- 1 Mason or Plasterer
- 1 Tinner
- 1 Police and Fire Marshal
- Such additional carpenters, masons, painters and assistants as may be necessary, subject to the approval of the Department of Welfare

Total 12 plus

Agricultural Activities:

71. Farm

- 1 Farm Manager
- 1 Assistant Farm Manager
- 1 Orchardist where needed
- 11 Farm Hands

—
Total 14

72. Piggery

- 1 Swineherder

73. Hennerly

- 1 Poultryman

74. Truck Gardens

- 1 Truck Gardener
- 3 Garden Hands according to seasonal needs

75. Dairy

- 1 Dairyman
- Milkers depending upon size of herd and mechanical equipment

Industrial Activities:

82. Sewing Room

- 1 Seamstress
- Tailor Shop
- 1 Tailor

83. Weaving—Hosiery

- 1 Foreman

84. Upholstering

- 1 Upholsterer

85. Printing Department

- 1 Printer

87. Cobbler

- 1 Cobbler

APPENDIX 12

MODERN STANDARDS FOR MENTAL HOSPITALS AS DETERMINED BY THE AMERICAN PSYCHIATRIC ASSOCIATION

A. General Provisions:

1. The proportion of physicians to total patients to be not less than 1 to 150 in addition to the superintendent.
2. The proportion of physicians to the number of patients admitted annually not less than 1 to 40.
3. There must be an adequate nursing force, in proportion to total patients of not less than 1 to 8, and to the patients of intensive treatment and acute sick and surgical units of not less than 1 to 4.

B. Nineteen Essential Points in a Modern Mental Hospital:

1. The chief executive officer must be a well-qualified physician and experienced psychiatrist, whose appointment and removal shall not be controlled by partisan politics.
2. All other persons employed at the institution ought to be subordinate to the chief executive officer and subject to removal by him if they fail to discharge their duties properly.
3. The position and administration of the institution must be free from control for the purpose of partisan politics.
4. There must be an adequate medical staff of well-qualified physicians, the proportion to total patients to be not less than 1 to 150 in addition to the superintendent and to the number of patients admitted annually not less than 1 to 40. There must be one or more full-time dentists.
5. There must be a staff of consulting specialists at least in internal medicine, general surgery, organic neurology, diseases of the eye, ear, nose and throat, and radiology, employed under such terms as will ensure adequate services. A record of their visits must be kept.
6. The medical staff must be organized; the services well-defined and the clinical work under the direction of a staff leader or clinical director.
7. Each medical service must be provided with an office and an examining room, containing suitable conveniences and equipment for the work to be performed, and with such clerical help specially assigned to the service as may be required for the keeping of the medical and administrative records.
8. There must be carefully kept clinical histories of all the patients, in proper files for ready reference on each service.
9. Statistical data relating to each patient must be recorded in accordance with the standard system adopted by the American Psychiatric Association.

10. The patients must be classified in accordance with their mental and physical condition, with adequate provision for the special requirements for the study and treatment of the cases in each class, and the hospital must not be so crowded as to prevent adequate classification and treatment.

11. The classification must include a separate department or building for reception and intensive study and treatment; a special unit for acute physical illnesses and surgical conditions; and separate units for the tuberculous, and the infirm and bedfast. Each of these units must be suitably organized and equipped for the requirements of the class of patients under treatment.

12. The hospital must be provided with a clinical and pathological laboratory, equipped and manned in accordance with the minimum standards recommended by the committee on pathological investigation of the American Psychiatric Association.

13. The hospital must be provided with adequate X-ray equipment and employ a well-qualified radiologist.

14. There must be a working medical library and journal file.

15. The treatment facilities and equipment must include:

(a) A fully equipped surgical operating room.

(b) A dental office supplied with modern dental equipment.

(c) Tubs and other essential equipment for hydrotherapy to be operated by one or more especially trained physiotherapists.

(d) Adequately equipped examination rooms for the specialties in medicine and surgery required by the schedule.

(e) Provision for occupational therapy and the development of specially trained instructors.

(f) Provisions for treatment by physical exercises and games and the employment of specially trained instructors.

(g) Adequate provision for recreation and social entertainment.

16. Regular staff conferences must be held at least twice a week where the work of the physicians and the examination and treatment of the patients will be carefully reviewed. Minutes of the conferences must be kept.

17. There must be one or more out-patient clinics conducted by the hospital in addition to any on the hospital premises. An adequate force of trained social workers must be employed.

18. There must be an adequate nursing force, in proportion of total patients of not less than 1 to 8, and to the patients of intensive treatment and acute sick and surgical units of not less than 1 to 4. Provisions must be made for adequate systematic instruction and training of members of the nursing force.

19. Mechanical restraint and seclusion, if used at all, must be under strict regulations and a system of control and recorded by the physicians and must be limited to the most urgent conditions.

August 20, 1937.

APPENDIX 13

PRACTICAL STATE PROGRAM FOR CARE OF THE MENTALLY DEFICIENT

(Adopted May 22, 1940, by The American Association on Mental Deficiency.)

I. STATE INSTITUTIONAL CARE AND SOCIAL CONTROL.

1. *Extent.* Beds to accommodate at least 0.1 per cent of total state population, with ratios of staff as in I-5.
2. *Nature.* Service to be flexible in order to provide for all degrees of defect and all types of social behavior. To include among other services regular habit training, psychiatric treatment and vocational training. To be directed to socialization—not custody.
3. *Administration.* A Central Board, or its equivalent in the integration of service in institutions and state departments to carry guardianship, govern all admissions, transfers and discharges, provide a central registration of all cases, indicating those merely known and those actively under care. A local authority under county or municipal office through which the state authority may work. Selections for admissions to institutions to be based upon promise of social adjustment, degree of deficiency and antisocial tendencies, and physical status, not merely the degree of mental defect. For complete records a distinction to be made between notifiable and certifiable cases.
4. *Specialized Service.* Separate care for defective (psychopathic and convulsive) delinquents, either in special institutions, or where the state population is small, in special separate units.
5. *Social Study and Control.* Staff large enough to provide adequate service and supervision, both within the institution and within the community. *At least one doctor to every 500 cases. One social worker to 50 cases in rural areas and 75 in urban areas, assuming no other work is required of these workers. At least one trained psychologist to each 500 cases. One teacher to every 25 children of school age. Standards of psychologists and psychiatric social workers are referred to in II, 2 c. (II-2C: Standards of Personnel: To conform to standards such as those published by the New York City Committee for Mental Hygiene. These do not attempt to cover various technical aids such as psychometrists as long as the cards are entitled.)

*To the Board it seems that the standard of medical care proposed in this report is somewhat low. It would be our opinion that the ratio should be more nearly one physician to every 300 patients.

(Excerpt copied from American Journal of Mental Deficiency, Vol. XLV, No. 2, October, 1940.)

APPENDIX 14

EXCERPTS FROM THE MANUAL OF HOSPITAL STANDARDIZATION, AMERICAN COLLEGE OF SURGEONS

MINIMUM STANDARD FOR HOSPITALS:

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite medical staff. Such organization has nothing to do with the question as to whether the hospital is open or closed, nor need it affect the various existing types of medical staff organization. The word staff is here defined as the group of doctors who practice in the hospital inclusive of all groups, such as the active medical staff, the associate medical staff, and the courtesy medical staff.

2. That membership upon the medical staff be restricted to physicians and surgeons who are (a) graduates of medicine of approved medical schools, with the degree of Doctor of Medicine, in good standing, and legally licensed to practice in their respective states or provinces; (b) competent in their respective fields; and (c) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatsoever, be prohibited.

3. That the medical staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide (a) that medical staff meetings be held at least once each month; (b) that the medical staff review and analyze at regular intervals their clinical experience in the various departments of the hospital, such as medicine, surgery, obstetrics, and the other specialties; the medical records of patients, free and pay, to be the basis for such review and analysis.

4. That accurate and complete medical records be written for all patients and filed in an accessible manner in the hospital, a complete medical record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray, and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow-up; and, in case of death, autopsy findings.

5. That diagnostic and therapeutic facilities under competent medical supervision be available for the study, diagnosis, and treatment of patients, these to include at least (a) a clinical laboratory providing chemical, bacteriological, serological, and pathological services; (b) an X-ray department providing radiographic and fluoroscopic services.

FUNDAMENTAL PRINCIPLES UPON WHICH THE MINIMUM STANDARD FOR HOSPITALS IS BASED

1. A modern physical plant, free from hazards and properly equipped for the comfort and scientific care of the patient.
2. Clearly stated constitution, by-laws, rules, and regulations setting forth organization, duties, responsibilities, and relations.
3. A carefully selected governing board having complete and supreme authority for the management of the institution.
4. A competent, well-trained executive officer or administrator with authority and responsibility to carry out the policies of the institution as authorized by the governing board.
5. An adequate number of efficient personnel, properly organized and under competent supervision.
6. An organized medical staff of ethical, competent physicians for the efficient care of the patients and for carrying out the professional policies of the hospital, subject to the approval of the governing board.
7. Adequate diagnostic and therapeutic facilities with efficient technical service under competent medical supervision.
8. Accurate and complete medical records, promptly written and filed in an accessible manner so as to be available for study, reference, follow-up, and research.
9. Group conferences of the administrative staff and of the medical staff to review regularly and thoroughly their respective activities in order to keep the service and the scientific work on the highest plane of efficiency.
10. A humanitarian spirit in which the best care of the patient is always the primary consideration.

MINIMUM STANDARD FOR CLINICAL LABORATORIES IN HOSPITALS

1. *Supervision.* The director of the clinical laboratory shall be a graduate of an acceptable college or university of recognized standing, and shall have had adequate training in clinical pathology or allied subject. In case the director is not a physician there shall be attached to the laboratory a graduate in medicine competent to render diagnoses on pathological conditions.
2. *Functions.* The clinical laboratory shall be prepared to perform satisfactory work in (a) pathologic anatomy, gross and microscopic; (b) bacteriology and parasitology; (c) serology; (d) hematology; (e) chemical and morphologic examinations of other body fluids, exudates, transudates, and excreta.
3. *Examination of tissue.* All tissues removed at operation shall be sent routinely to the clinical laboratory for examination and report.

4. *Records and reports.* A readily available copy of all reports shall be filed in the laboratory and one with the patient's record. In pathologic anatomy there shall be in the laboratory a cross index of, at least, the name of the patient, of the hospital or laboratory number of the patient, and of the lesion or organ. There shall be preserved also, for at least three years, either section, imbedded tissue, or gross specimen from each case from which tissue possibly showing pathologic change is removed.

5. *Conferences.* The clinical pathologist shall attend and participate in the medical staff conferences of the hospital.

MINIMUM STANDARD FOR X-RAY DEPARTMENTS IN HOSPITALS

1. *Supervision.* The department shall be under the supervision of a competent medical radiologist, assisted by trained technicians.

2. *Location.* The department shall have adequate space and be located most conveniently for efficient service.

3. *Equipment.* The equipment shall be sufficient at least for radiographic and fluoroscopic services.

4. *Protection.* Proper protection of the operator and patient together with adequate lighting and ventilation shall be provided.

5. *Records.* A complete system of records shall be filed in the department.

6. *Storage.* A special storage room, which is approved by the fire underwriters, shall be provided for films.

MINIMUM STANDARD FOR NURSING IN HOSPITALS

1. *Organization.* There shall be a well organized department of nursing in the hospital, under competent supervision and direction, for the efficient administration and rendering of the nursing service, and for the education of student nurses when a school of nursing is maintained.

2. *Personnel.* There shall be an adequate number of competent trained personnel for supervision of the nursing service and for efficient nursing care of the patients.

3. *Facilities.* There shall be adequate and conveniently arranged modern facilities and readily available standard supplies for furnishing prompt and efficient nursing service.

4. *Education.* When a nursing school is maintained in connection with the hospital, it shall provide definite educational requirements in accordance with accepted national standards, adequate teaching personnel and facilities, and a comprehensive system of school records.

5. *Records.* There shall be maintained an extensive system of nurses' clinical records, including all data pertaining to the nursing

care of the patient, observations of signs and symptoms, orders executed for physicians, nursing services rendered, and other pertinent information that will show the condition of the patient and the response to treatment.

6. *Conferences.* Weekly meetings of the graduate nursing staff shall be held to review and analyze the nursing service, to determine the quality of the nursing care rendered to patients, and to increase the efficiency of the nursing service when indicated.

7. *Relation to patients.* Due care shall be exercised at all times to insure safe and efficient nursing care of the patient through proper assignment of duties, competent supervision over student nurses when used to render nursing care, and an adequate ratio of nurses to patients.

MINIMUM STANDARD FOR THE HOSPITAL MEDICAL LIBRARY

1. *Content.* All general hospitals shall maintain an adequate medical library comprised of a basic collection of carefully selected, authoritative medical textbooks and reference works of the latest edition, and files of current journals, including those which most effectively reflect recent developments in medicine, surgery, and those specialties which are represented in the clinical services of hospital.

2. *Housing.* The collection shall be housed in or adjacent to a convenient reading room furnished in such a manner as to encourage study and research. It shall be classified and arranged so that it is easily accessible to the librarian and members of the medical staff.

3. *Personnel.* The library shall be under the supervision of a qualified librarian. She shall act as custodian of its contents, and also shall arrange for the necessary cataloguing and indexing which will enable the resident staff to do reference work quickly and easily. Assistance in the preparation of bibliographies, translations, abstracts, and reviews of the literature shall be made available either by employing a full-time research librarian or by the use of the extension facilities offered by larger libraries.

4. *Extension facilities.* The librarian shall provide information and brochures describing the facilities that are offered to members of the medical profession by the staffs of specific libraries which have been established on a more extensive basis in order to supplement the work of the local librarian and to serve the literary needs of professional men regardless of their location.

5. *Committee on the library.* Selected members of the medical staff shall function as a permanent committee of the library, and their duties shall be to foster and develop the resources and interests of the library and to encourage the use of its facilities.

APPENDIX 15

INSTITUTIONS REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION AS OF MARCH 25, 1944

Allentown State Hospital
Clarks Summit State Hospital
Danville State Hospital
Farview State Hospital
Harrisburg State Hospital
Hollidaysburg State Hospital
Laurelton State Village
Mayview State Hospital
Norristown State Hospital
Pennhurst State School
Philadelphia State Hospital
Polk State School
Ransom Mental Hospital
Retreat State Hospital
Torrance State Hospital
Warren State Hospital
Wernersville State Hospital
Western State Psychiatric Hospital
Woodville State Hospital

RELATED INSTITUTIONS

Embreeville State Hospital
Selinsgrove State Colony
Somerset State Hospital

The Journal
Vol. 124, No. 13
American Medical Association

INSTITUTIONS APPROVED FOR RESIDENCES BY THE AMERICAN MEDICAL ASSOCIATION AS OF MARCH 25, 1944

Danville State Hospital
Harrisburg State Hospital
Norristown State Hospital
Philadelphia State Hospital
Warren State Hospital

The Journal
Vol. 124, No. 13
American Medical Association

INSTITUTIONS AFFILIATED FOR NURSE TRAINING
ON STATE ACCREDITED BASIS, AMERICAN
MEDICAL ASSOCIATION, MARCH 25, 1944

Allentown State Hospital
Norristown State Hospital
Warren State Hospital
Western State Psychiatric Hospital

The Journal
Vol. 124, No. 13
American Medical Association

INSTITUTIONS RECOGNIZED BY THE AMERICAN
COLLEGE OF SURGEONS AS MEETING MINIMAL
STANDARDS, DECEMBER, 1943

Allentown State Hospital
Danville State Hospital
Harrisburg State Hospital
Norristown State Hospital
Retreat State Hospital
Torrance State Hospital
Warren State Hospital
Wernersville State Hospital

Bulletin
Vol. 28, No. 4
American College of Surgeons

APPENDIX 16
SEE MAP II—PROPOSED DISTRICTS
(See Map at end of Report)

APPENDIX 16-a

PROPOSED DISTRICTS

In setting up hospital districts, a number of factors have to be taken into consideration. An institution, to serve the public most efficiently, must be easily accessible so that the patients can be taken to the hospital with a minimum of inconvenience and loss of time. Easy accessibility is important so that contact can be maintained with the family of the patient throughout his institutional residence and that adequate field social service contact may be maintained during the period of the patient's parole from the hospital.

It is the opinion of the Board that a fifty mile radius from the hospital should (under average conditions) encompass the hospital district. On the other hand, the variety of facilities necessary to the operation of a well-rounded mental hospital make it necessary to have a hospital of from 1,200 to 1,500 beds before a proper degree of efficiency and economy can be obtained. The maximum size of institutions has to be dictated by local situations, rather than any arbitrary figure. The smaller the institution, the more easy is it to maintain a personalized atmosphere and the greater is the individual contact between physician and patient. Minor economies may be achieved in operating costs in institutions over 3,000, but the experience in the State of Pennsylvania and elsewhere, would indicate that these are of such relatively small proportions as to be almost negligible.

In Pennsylvania, there are several special situations with regard to existent districts. In the eastern part of the State, in the Philadelphia metropolitan area, there is a single hospital, the Philadelphia State Hospital. Since the estimated population of Philadelphia at the present time is approximately two million, and since the urban demand is usually about 500 beds to the 100,000 of population, it would seem that Philadelphia County and City would require 10,000 beds. At the present time, Philadelphia County patients occupy just short of 9,000 beds in our mental hospitals. In view of the fact that Philadelphia County is in reality Philadelphia City, and that there are no natural satisfactory divisions (except streets)—It would seem to be very difficult to divide the city into districts without setting up constant conflicts. Furthermore, because of the extremely heavily populated condition of this area, there are a few acceptable sites available within the district. During the past decade a number of mental hospitals, running from 7,000 to 10,000 beds, have been placed in operation in the United States—notably Pilgrim State Hospital and Rockland State Hospital in New York. Their operation has been reasonably satisfactory and comparatively little criticism has resulted. It is therefore the opinion of the Board that the establishment of a 10,000 bed hospital on the site of the present Philadelphia State Hospital, is justified and would be a sound procedure.

Four districts in the State are extremely large in area; those of the Danville State Hospital, the Harrisburg State Hospital, Torrance State Hospital, and the Warren State Hospital. For comparison, it might be noted that each of these districts is from one and a half to double the size of the State of Connecticut. It was the opinion of the Board

therefore, that additional and enlarged institutions would be desirable to reduce the areas involved in these districts. For this reason we recommend the retention of Somerset and Hollidaysburg State Hospitals, rather than because of any large inherent, intrinsic value in those institutions. However, it will be possible to make a satisfactory small district for each of these institutions and in so doing, to reduce the size of all four of the very large districts.

This would still leave the Torrance State Hospital with a population in its area of over a million and a quarter people. We believe therefore, that plans should be set up to create an additional hospital on the western border of Pennsylvania to take care of the populous counties of Lawrence, Washington, and Beaver, possibly including Greene—a district of 509,000 population which would then bring the Torrance district down to a much more practical size in area and in population.

In calculating the potential populations of Torrance and Allentown, provision was made for a children unit of 100 beds.

It is recommended that Embreeville and Ransom Mental Hospitals be abandoned at an early date. Embreeville has little of positive asset value at the present time. Its auxiliary services for water and heat are worn out and require complete revamping. The buildings are old and in need of expensive repairs. The terrain does not lend itself very well to the development of a well-balanced hospital and the location is such that it would hardly be practicable to develop a hospital on this site. Metropolitan Philadelphia is thirty or more miles away and the location of the hospital would make it rather difficult of access by rail or other common carrier. The water supply is inadequate and the only available reasonably satisfactory supply would be from Brandywine Creek, which is a contaminated stream. This would require the development of an expensive water purification plant. No inhabited communities of reasonable size are immediately accessible to the employee group, the nearest community of size being West Chester, seven miles away—so that employee recreation would be hard to provide.

Ransom Mental Hospital consists of a single building which, while in good repair and sound structurally, is poorly designed for the modern development of care for the mentally ill. It is poorly located for the convenience of visitors. Furthermore, it is quite close to Clarks Summit which has a much more acceptable site, developed to a point where economical operation is possible.

In the case of Retreat, the Board finds an institution with several excellent buildings but with the most undesirable location in use by the State for the operation of a mental hospital. This institution is only accessible by raft or ferry or by the Pennsylvania Railroad which operates one passenger train each way, daily. The ferry route is closed seventy days out of the year because of water and ice conditions. The plot is hemmed in by mountains so that sunlight is restricted. Immediately through the grounds runs the Pennsylvania Railroad and just beyond that, the Susquehanna River—both of them suicide hazards. The water supply, is derived from wells located on low land at the river's edge. This is frequently flooded in wintertime, is rather inadequate in quantity, and during flood periods likely to be contaminated.

The valley at this point, is extremely narrow and there are only about 85 tillable acres in the hospital farm, mostly across the river from the hospital. Altogether, it is, in the Board's estimation, a very poor site for a hospital. However, there are several very satisfactory buildings:—an admission unit, a stores building with satisfactory dining room, kitchen, and auditorium. Laundry is satisfactory for the present size of the institution. Estimates given us showed that the development of a road into Retreat either over the mountain or across a bridge, would involve an expenditure of well over \$300,000, in fact, probably in excess of \$400,000. The Board recognizes that the building asset value at this location is too great to be abandoned and furthermore, there would be no early facilities available to take care of the approximately 1,000 patients cared for in this institution at the present time. The Board therefore recommends the continuation of the Retreat Mental Hospital for the time being without further extension or large investment. Since eventually, adequate facilities can be made available at Danville and at Clarks Summit for the Luzerne County patients, we recommend the splitting of the County of Luzerne between these two institutions as new construction makes space available.

APPENDIX 17

COMMENT ON SIZE OF PHILADELPHIA STATE HOSPITAL

By Superintendent C. A. Zeller

In recommending that this hospital be developed for an ultimate capacity of 10,000 patients, I am cognizant of a wide difference of opinion among psychiatrists as well as in State practice as to the practical limitations to the size of mental hospitals.

In 1929, the State Charities Aid Association of New York held a conference of persons experienced in the care of the mentally ill from New York and nearby states to discuss the questions of size and planning of mental hospitals and its bearing upon the care of patients and their future prospects. There was no complete consensus of opinion on the direct question of the larger or smaller hospital, although there was a preponderance of opinion in favor of the smaller hospital, based primarily on the following reasons:

1. Large hospitals may tend to impersonal methods in the handling of problems involved in the personal adjustment of patients.
2. Large hospitals are apt to represent large groups in large buildings with large wards.
3. The large hospital would require a super-administrator, who not only would become impersonal with the staff and patients but would need to devote all his time to administrative duties alone.

It is my judgment that the opinions advanced by the proponents of larger hospitals at this conference and the opinions of other psychiatrists I have conferred with, are more fundamentally sound and in keeping with the present trend in hospital planning and design in *metropolitan areas*. These opinions are summarized as follows:

1. Personal contacts and relations between doctors, nurses and patients are matters of proper organization, size of units in the hospital and the buildings, and dependent upon the esprit de corps and medical policies developed by the superintendent and clinical directors.
2. A well-planned large hospital can and does consist of a group of 2,000 to 3,000 patient units, each group comprising a small hospital, all centering about (1) an admission service, (2) a small general hospital for the acute and serious illnesses, and (3) properly supplied with utilities and other services commensurate with the size of the institution. Each small hospital group is composed of buildings planned and designed for their functional use in small wards suitable to the type of patient. In this manner, the large institutions can preserve the virtues of the small institutions.
3. The superintendent with a medical and psychiatric training and executive ability would and should devote his time to adminis-

trative work, depending upon and delegating necessary authority to dependable and well-trained assistants and chiefs who are specialists in their fields of work. With such an organization, the incentive and opportunity for advancement in position and salary would be greater. The administrator of a large hospital would function in a similar manner to the superintendent of a large school system. Personal contacts would be maintained through regular staff meetings and through the assistants. With the rapid increase in number of mental patients in State hospitals, there is greater need for the careful and skillful administration of the large funds necessary to operate the institutions.

4. The large State hospital has a definite function to play in the community other than the care and treatment of the patients brought to it. It should be definitely responsible for the mental health of the community it serves geographically. It should be a training center for personnel. It should, in addition to training physicians, train the nurses of the General Hospital, the attendants, the occupational therapists, social service workers, etc., not only for its own needs but for the needs of the smaller State hospitals which cannot support the medical and treatment facilities available in a large institution.
5. The large hospital can support at a lower per capita cost, a medical center wherein, not only operative cases and the chronic ill can be properly cared for, but laboratory, exploratory and curative research work beneficial to psychiatry can be carried on.
6. Large hospitals can be developed with all facilities and operated more economically than several smaller hospitals housing the same number of patients.

The New York State Committee on Mental Hygiene, after a thorough study of the relative merits of large hospitals versus small hospitals, has endorsed, built, and are building several large mental hospitals within close proximity of the metropolitan New York area, two of which are:

Rockland State Hospital, Orangeburg, N. Y.

Population 7,500—Expanded for 10,000.

Pilgrim State Hospital, Long Island, N. Y.

Population 8,800 patients—Expanded for 10,000.

Other local factors favorable to the development of the Philadelphia State Hospital to a capacity of 10,000 patients are:

1. Sufficiently large areas of land owned, adaptable and available for a large institution without the crowding of buildings or the necessity of building large-sized and tall structures.
2. Conveniently located for patients and visitors in close proximity to the area served.
3. Area and population of Philadelphia County has or will have the need for the hospitalization of about 11,000 mentally ill patients.

4. Philadelphia is one of the recognized great medical centers in the country and has available medical specialists to cooperate, advise and assist in the training of a competent staff drawn from the medical colleges and hospitals of the city.
5. Trained and student nursing personnel available from schools in the city.
6. Large labor pool from which hired help can be secured.
7. Large market for supplies near and excellent transportation facilities available.

Under all circumstances, I reached the conclusion that it was practicable and desirable to plan the institution to handle an ultimate patient load of about 10,000 indicated by my studies as the probably normal load attributable to Philadelphia County.

(Detailed plans of the Philadelphia State Hospital Expansion Program are on file with the Department of Welfare and at the Philadelphia State Hospital.)

APPENDIX 18

OLD-AGE PROBLEMS

The trend over recent years has been definitely in the direction of the commitment of more and more people of advanced age who require infirmity care and custodial supervision and while their physical and mental conditions can be ameliorated, the outlook for cure or restoration is extremely remote. Advances in medicine have tended to prolong the span of human life and many more people are living in the dangerous age past sixty—dangerous in the sense that the possibility of mental failure before physical disintegration is materially increased.






It is noteworthy that in recent months, practically one-third of the admissions to our mental hospitals have been over sixty years of age. Some of these are frankly psychotic and definitely dangerous to be at large. Many are confused and demented and require custodial care. The disintegration of the sense of family responsibility; the war-time pressure for both men and women to enter industry; the absence of many men in the military service—have all tended to reduce the possible supervision available in the family.

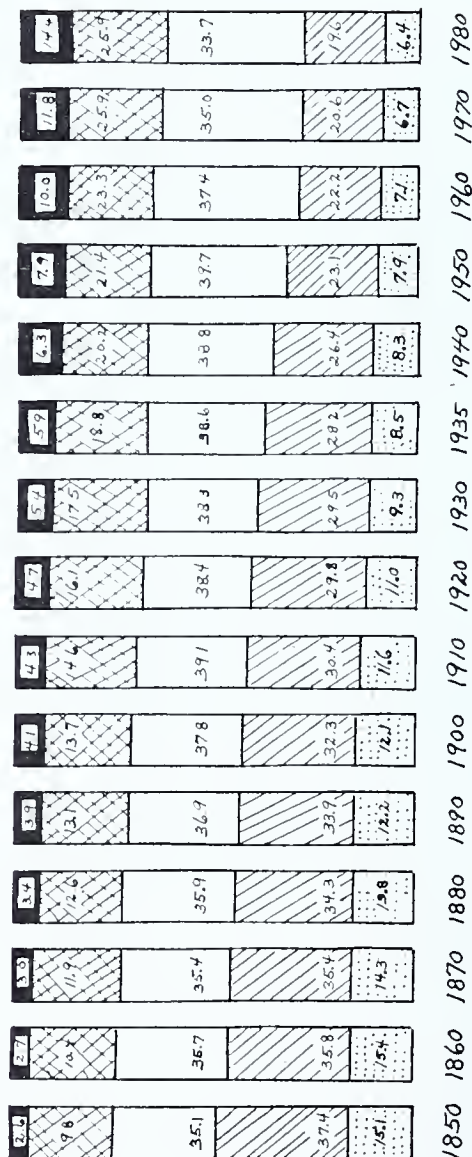
No adequate policy has been adopted toward the problem of old age. Assistance awards are granted, but on commitment they cease. Studies tend to show an increasing percentage of the population in the upper age brackets and there is every reason to believe that this increase will continue. It would seem to the Board that the time has come for a detailed consideration of the problem of old age and for a clearer definition of the responsibility of the State, the nation, and the local community in meeting this problem.

GRAPH IV

PERCENT DISTRIBUTION OF TOTAL POPULATION BY AGE UNITED STATES 1850 TO 1980*

(E.V. COWDRY - PROBLEMS OF AGEING - PAGE 113).

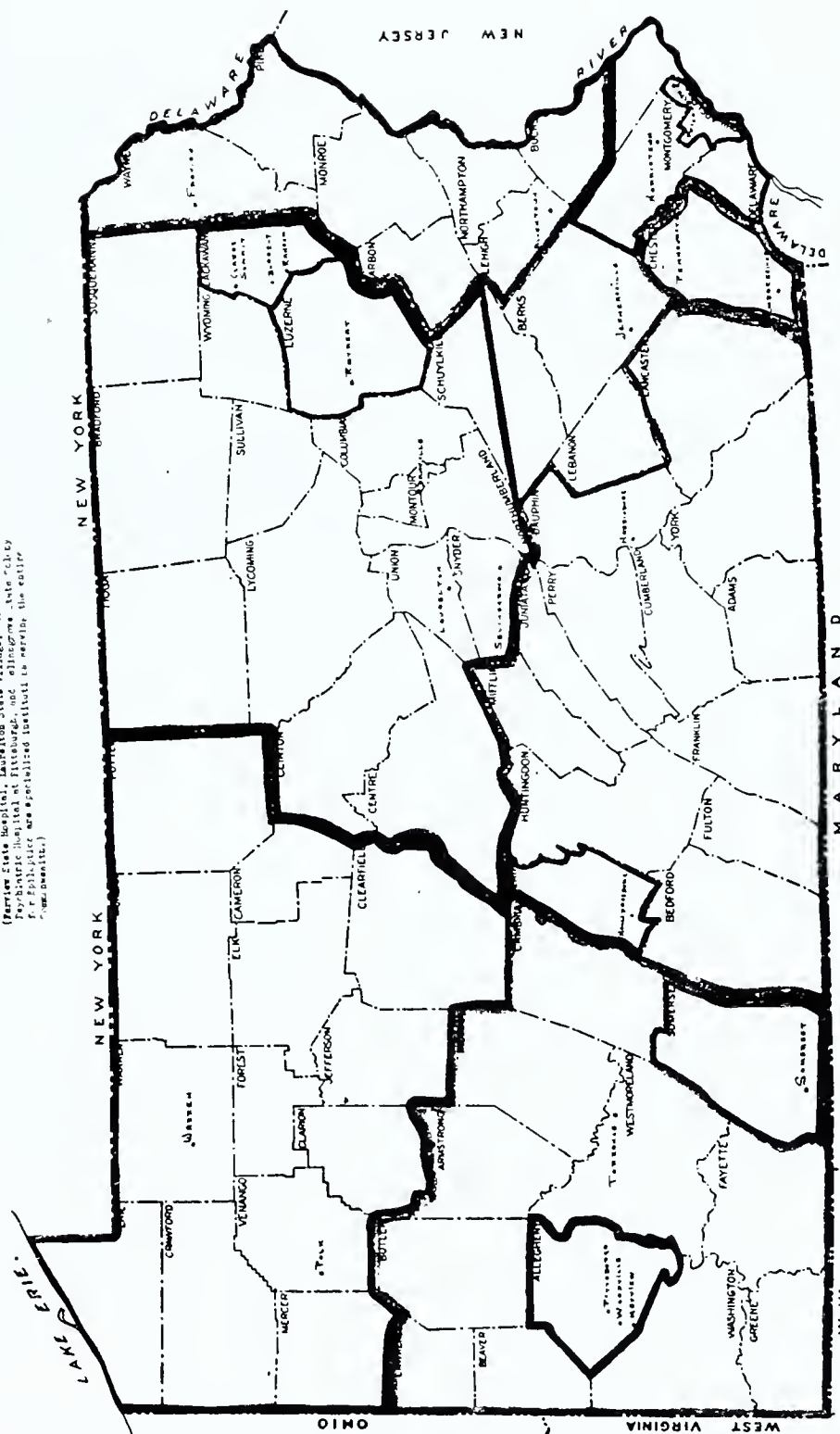
 UNDER 5
  5-19.
  20-44
  45-64.
  65 AND OVER



* 1850 TO 1930 FROM U.S. CENSUS DATA
1935 ESTIMATED IN STATISTICAL BUREAU, METROPOLITAN LIFE INSURANCE CO.
1940 TO 1980 ESTIMATED BY THOMPSON AND WARELTON

MAP I PRESENT HOSPITAL DISTRICTS

(Harris Field Hospital, Laurelton State Village, Eastern State
Hospital, and Hospital at Pittsburgh, and all other State "City"
for Hospital are specialized facilities to receive the entire
of the State.)



MAP II

PROPOSED HOSPITAL DISTRICTS

(Former State Hospital, Lancaster State Prison, Western State Psychiatric Hospital at Williamsburg, and "allotment" hospitals in the "allotment" area.)

